DOCUMENT RESUME

ED 331 275 EC 300 258

AUTHOR Panckhurst, Fay; And Others
TITLE Special Education in New Zealand. Report of a 1982 Survey. Studies in Special Education, No. 42.
INSTITUTION New Zealand Council for Educational Research, Wellington.
REPORT NO ISBN-0-908567-60-X; ISSN-011-2422
PUB DATE 87
NOTE 142p.
PUB TYPE Reports - Research/Technical (143) -- Viewpoints (Opinion/Position Papers, Essays, etc.) (120)

EDRS PRICE MF01/PC06 Plus Postage.
DESCRIPTORS Delivery Systems; *Disabilities; Early Intervention; Educational Methods; Educational Philosophy; Educational Policy; Elementary Secondary Education; Foreign Countries; *Mainstreaming; Parent Participation; Policy Formation; *Program Development; Program Evaluation; Social Attitudes; Special Education; Student Evaluation; Teacher Education
IDENTIFIERS *New Zealand

ABSTRACT

A questionnaire survey canvassed the views of 72 New Zealand educators, in order to identify gaps or deficiencies in services and to establish priorities for development. Respondents were asked to comment on special education system strengths, growing points, desirable policy directions, and special interests. Four issues emerged as central to service development: the support necessary for integrated provision, professional training, early assessment and intervention, and the involvement of parents. The report begins with discussion questions relating to the four issues. The background and design of the study are then explained. Other sections of the report discuss: (1) philosophy of and attitudes toward special education in New Zealand; (2) services for handicapped persons (structure and provision, quality, guidance and support services, and services for particular handicaps); (3) education of special education teachers, training needs, and career structure; (4) further issues, including assessment and intervention, curriculum and teaching methods, transition, parent education, evaluation, research, legislation, coordination, and funding. Following a conclusion and a list of 14 references, appendixes present statistical data from the survey, a list of survey participants, and a proposal for a National Advisory Committee on Special Education. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

SPECIAL EDUCATION
IN NEW ZEALAND

FAY PANCKHURST JOHN PANCKHURST JOHN ELKINS

ED 281275

EC 300358

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

K. A. Pickens

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

Special Education in New Zealand

Studies in Education, No. 42

Special Education in New Zealand

Report of a 1982 Survey

Fay Panckhurst John Panckhurst
John Elkins

New Zealand
Council for Educational Research
Wellington, 1987

New Zealand Council
for Educational Research
PO Box 3237
Wellington

© NZCER, 1987

ISSN 011-2422
ISBN 0-908567-60-X

Printed by
Printpac Print Group
Christchurch, New Zealand

Contents

Acknowledgements ix

An Overview and Questions for Discussion xi

1 Provision and Quality in Special Education 1

2 Background and Design of the Study 5

1979 International Year of the Child Initiative 5
Developing a Research Plan 6
Progress of the Research 8
The Questionnaire Survey 8

The questionnaire 8
The sample 10
Response 12
Data analysis 12
The report 13

Summary 15

3 Special Education in New Zealand 16

Philosophical Characteristics 16

Non-categorization 16
Special and ordinary education 17
Integration: The meaning of integration; Problems and concerns about integration; Adequate support for integration; Integration of intellectually handicapped children; Integration of deaf children; Integration of mildly mentally handicapped children; Is integration likely to continue? Evaluation of integration 17

Attitudes 25

Commitment and acceptance 25
Community awareness 26
Areas of concern 26

The Special Education Constituency 28
Voluntary organizations 29
Parents: Involvement in decisions; Involvement in teaching and curriculum planning; Involvement in administration 29
Handicapped persons 32
Summary 33

4 Services for Handicapped Persons 35
The Structure and Provision of Services 35
Development and administration 35
Range of provision 36
Location and geographical coverage 38
Services in the early childhood years 39
Resources 39
Staffing 40
The Quality of Services 42
Teacher quality 44
Services for Particular Handicaps 45
Intellectually handicapped children 46
Hearing impaired children 47
Behaviourally and socially maladjusted children 48
Educationally retarded children: Language disordered children; Children with reading problems 50
Physically handicapped children 51
Backward children 52
Visually impaired children 52
Gifted children 53
Children with multiple handicaps 53
Guidance and Support Services 54
Psychologists 55
Visiting teachers 55
Advisers for hearing handicapped children 56
Guidance counsellors 56
Resource teachers of reading 57
Speech therapists 57
Inspectors supervising special education 58
Summary 58

5 Teachers in Special Education 60
Teacher Education 60
Specialist teacher training 60
Pre-service teacher training 61

Continuing education 62
Training Needs 62
Programmes of Training 65
Career Structure 65
Summary 66

6 **Further Issues** 68
Assessment and Intervention 68
Early intervention 68
Early intervention programmes 68
Support for parents and preschool children 69
Asssessment 70
Multidisciplinary approach 71
Procedures for assessment 71
Assessment for specific handicaps 71
Assessment classes 72
Curriculum and Teaching Methods 72
Curriculum needs 73
Policy 73
Teaching methods 74
Precision teaching 74
Behaviour modification techniques 74
Other methods 75
Transition 76
School to work 76
Further education 77
Living in the community 78
Parent Education 78
Resources 80
Evaluation and Innovation 80
Research 82
Legislation 83
Coordination 85
Funding 86
Summary 88

7 **Further Considerations and Conclusions** 91
Limitations 91
Constraints and Continuity 92
Adoption-in-Theory and Adoption-in-Practice 93
Considerations for Planning 95

References 99

Appendices 100

Appendix 1: Desirable Policy Directions 100

Appendix 2: Letter to Participants and Questionnaire 111

Appendix 3: List of Participants 120

Appendix 4: Proposal for a National Advisory Committee on Special Education 122

Index 123

Tables 11

1 Sample numbers and proportions who responded, by sample group 11

2 Number and proportion of comments within each response category for Strengths, Growing Points, Trends and Special Interests 14

Appendix Tables

A1 Desirable policy directions: percentage responses 100

A2 Desirability and likely time-scale for each group of policy objectives: averaged percentage responses 111

Acknowledgements

The New Zealand Council for Educational Research was able to undertake this study of special education in New Zealand as a result of a grant from the International Year of the Child Telethon Trust. Grateful acknowledgement is made to the Trust and to the people of New Zealand who responded to the 1979 Telethon appeal.

Substantial help in carrying out the study was given by Ian Livingstone and John Watson of NZCER, and by members of the project Advisory Committee: Dr David Barney, Alan Bruce, Don Brown, Dr James Havill, and Michael Parsons. Thanks are also extended to Heather Hands, Schonell Educational Research Centre, University of Queensland, who undertook the preliminary analysis of questionnaire responses.

The Department of Education gave considerable assistance to Dr Elkins during his field visits to New Zealand. Their support and the cooperation of all those who provided information through interviews and questionnaires are warmly acknowledged.

The Authors

An Overview and Questions for Discussion

In 1982 the New Zealand Council for Educational Research carried out a questionnaire survey to obtain information on the main issues of policy and organization likely to affect the development of special education in New Zealand. The research canvassed the views of 72 people who were informed about special education in this country through their association with the administration or delivery of services for handicapped children and young persons. In an attempt to identify gaps or deficiencies in services, and to establish priorities for development, respondents were asked to comment on four aspects: strengths, growing points, desirable policy directions, and special interests.

Four issues emerged as central to the development of special educational services in New Zealand: the support necessary for integrated provision, professional training, early assessment and intervention, and the involvement of parents. Recent debate within the educational community and among the wider public indicates that these are still the important issues, particularly the topic of mainstreaming or integration.

Some discussion questions, relating to the four key issues raised in the report of the study, are given below. They have been formulated to assist teachers, teachers in training, parents, and others interested in considering the current relevance of the 1982 survey findings against their own views and experience, taking account of contemporary developments. The appropriate references to chapters and sections of the report are included to guide reading and to extend the background for an informed discussion on policy and provision in special education.

Involvement of Parents

1 What benefits for parents, teachers, children and others are likely to result from involving parents in the education of their handicapped children? (Chapter 3, section on 'Parents')

2 Should the emphasis be on 'parents as partners' in a consultative process, as suggested in the Warnock Report, or on parents as 'an integral part of any teaching team', as advocated in the present report? (Chapter 3, section on 'Parents')

3 What are some of the barriers to developing more openness between professionals and parents in making decisions that concern children with special needs? How can they be overcome? (Chapter 3, section on 'Involvement in decisions'; Chapter 6, section on 'Parent education')

4 The survey showed a strong consensus on the desirability of parent participation in decisions relating to placement and programme development for handicapped children (Appendix 1, Policy Objective 21). How can the school help parents become informed for this purpose? In what ways can parents contribute usefully to school and further education programmes? (Chapter 3, section on 'Involvement in teaching and curriculum planning')

Integration

1 What does the term integration mean to you? Does it differ in any way from mainstreaming? What are the advantages and limitations of integration? (Chapter 3, section on 'The meaning of integration')

2 Four different kinds of integration are described below. In your experience, do they cover the variations to be found in New Zealand? Consider the desirability of each form for particular handicaps and different ages. (Chapter 3, sections on 'Integration of intellectually handicapped children', 'Integration of deaf children', and 'Integration of mildly mentally handicapped children')

(a) Full-time placement in an ordinary class with no support.

(b) Full-time placement in an ordinary class with support for

the teacher, support for the child in the classroom, and care support when necessary.

(c) Full-time placement in an ordinary class accompanied by specialist work in a resource centre in the school, or by a peripatetic specialist.

(d) Part-time placement in a special centre, with the ordinary class the home placement in some cases, the special centre the home placement in others.

3 One suggestion in the report is that parents would become concerned if integration meant that competency in reading and mathematics was sacrificed for social gains. Is there a problem for teachers in reconciling social adjustment and academic achievement for children being integrated? (Chapter 3, section on 'Problems and concerns about integration')

4 It is noted in the report that while integration was seen as 'a positive step towards better acceptance of the handicapped by the community in general', lack of adequate support had prevented some children with special needs from attaining their full potential. What difference do the following make to the support that is needed or can be expected: geographical location (city, town, country); level of education (preschool, primary, secondary, tertiary); and nature of handicap or special need? How important is community support and what forms might it take? (Chapter 3, section on 'Problems and concerns about integration'; Chapter 3, section on 'Attitudes')

5 What support and resources are desirable to help a regular teacher provide for children with special needs in the pre-school centre or ordinary classroom? Consider pre-school, primary, secondary, and tertiary levels. Do different needs require different forms of support? (Chapter 3, section on 'Adequate support for integration')

6 What particular problems face secondary schools wishing to make integrated provision for young people with special needs?

Early Assessment and Intervention

1 What are some of the important ideas and features

associated with early intervention programmes? How readily could these ideas be applied to later intervention, that is, to assessment and programmes for older children with special needs? (Chapter 6, sections on 'Early intervention programmes', 'Support for parents and pre-school children', and 'Assessment')

2 The report notes that there has been a move away from categorization of children by handicap towards specifying individual educational needs. In what ways is this move away from labelling beneficial? How can the information provided for teachers about individual children be made most useful? (Chapter 3, section on 'Non-categorization'; Chapter 6, 'Assessment and intervention')

3 How readily available is multidisciplinary assessment in your area, either in the form of close consultation between professionals, or at assessment centres? What are the advantages of multidisciplinary assessment? How can parents be best involved in such assessment? (Chapter 6, section on 'Multidisciplinary approach')

4 What information from the assessment of a child with special needs is most helpful to a teacher? To a parent? What ways are there of ensuring that useful information gets to teachers and parents? (Chapter 6, section on 'Assessment and intervention')

Professional Training

1 The need for ordinary teachers to become knowledgeable about children with special needs, and to be kept informed, was highlighted as a training need. What information on special needs and services should be included in pre-service training courses? Should such courses be made mandatory or remain elective? (Chapter 5, section on 'Training needs')

2 What continuing education provisions are desirable for teachers responsible for integrating children with special needs into regular classes or groups? Should the emphasis vary for teachers in preschools, primary schools, and secondary schools? What priority would you give to school based training? (Chapter 5, section on 'Continuing education')

3 How can specialists and regular teachers be helped to acquire the necessary skills for working with parents and involving them in the education of their handicapped children? (Chapter 5, section on 'Training needs')

1 Provision and Quality in Special Education

In New Zealand we have been committed in principle for a long time to making special provision for handicapped children. Towards the end of World War II an official record of achievement in education stated:

> One measure of the level of a nation's civilization might well be the care it gives to children labouring under special handicaps. Considering the size and spread of its population, New Zealand has nothing to be ashamed of in this regard, although much yet remains to be done (*Education Today and Tomorrow*, 1944, p.60).

Since those words were written, special educational services have expanded steadily, so that by July 1983, a total of 31,557 pupils were receiving special education or therapy at home or in kindergartens, schools, classes, clinics, resource centres and institutions (Department of Education, 1984).

Yet we are now more than ever aware that, in practice, there are many whose rights to education and fulfilment are limited, or even denied as they are for some children with severe handicaps. This realization has developed slowly as our understanding has grown about the nature of handicap, and as the true capabilities of people with handicaps have been revealed through research and the work of experienced practitioners. Gradually, as the traditional belief in two populations – the handicapped and the normal – has been eroded, the emphasis in educational thinking has shifted to the more optimistic or developmental stance embodied in the concept of special educational need. According to this view, some people within society have special needs, that is to say, they need additional resources or support if they are to develop to the extent of which they are capable.

Provision according to need is a well-established policy in New Zealand special education, but its efficacy is being increasingly questioned. There are two main problems. One is that under such a policy development of services occurs in response to overt needs, and it is easy for the less obvious needs to be overlooked. Hence, in New Zealand, as in all other Western countries, services for children with sensory handicaps developed before provision for mildly mentally handicapped children, who today make up the bulk of full-time provision in special education. The other, more serious, problem is that provision rests heavily on recognition of need: if the need is not recognized, there is no obligation to meet that need. Denial of need can therefore become a forceful argument for administrators with finite resources and a reluctance to spread them even more thinly. Sometimes the evidence of systematic research is useful in modifying such a stand. Few would question, for example, the important part played by Marie Clay's research in clarifying the extent and nature of serious reading difficulties among young children in this country, and in encouraging the introduction of 'reading recovery' programmes, and the appointment of reading resource teachers.

More recently, as we have come to realize the extent to which children's needs in education are common rather than different or special, the emphasis has moved beyond needs to the issue of rights. The new emphasis, while in keeping with international statements on rights, stems directly from parents' understanding and belief that handicapped children develop best if the conditions for their education and living are as close to normal as possible. On this basis, Danish parents in the 1950s pressed for reforms for mentally retarded people, arguing that normal living conditions included the legal and human rights to which all citizens are entitled. Since their impetus, the normalization principle based on equal rights has become the organizing principle for enacting legislation and improving services for handicapped people in Europe, the United States, and Australia.

Possibly the most significant aspect of the rights movement in special education is its concern with the quality of services and with the need for initiative in remedying deficiencies: 'No longer can the providers of services be passive or merely responsive to the perceived needs of handicapped people; they must actively seek ways in which to ameliorate adverse conditions, and modify inhibiting attitudes,

in order to make more effective provision' (Panckhurst and Panckhurst, 1982).

It is now 23 years since the Currie Commission, as part of a larger brief, reported on special education for the handicapped in the following words:

> At the moment, the Commission has little to recommend except certain minor changes in organisation and administration, and to some extent in the training of teachers (*Currie Report*, 1962, p.465).

In the intervening years several reports and conferences have recommended further expansion of services for children with special needs, or have discussed qualitative matters, such as the need for better coordination of services (Mitchell and Mitchell, 1985). On two occasions at least, the New Zealand Educational Institute, the primary teachers' organization, has called for a full inquiry into special education, but so far no comprehensive review of the field has been undertaken. But, within the special education constituency, debate on the central issues of rights and mainstreaming has intensified, resulting in pressure for an evaluation of present practices and policies as a guide for planning future development and allocating resources. Likewise, improving the quality of education for children with special needs has become an important issue for teachers in special education. An illustration of this concern is the current emphasis on precision teaching, requiring a careful analysis of what the child can do and the skills he or she needs to learn.

The research reported here resulted from a similar concern – with getting a better understanding of policies and practice in special education as a basis for improving the quality of services. It examined the views of 72 people who were informed about special education in New Zealand through their involvement as administrators, teachers or other practitioners, parents, students or researchers. Using an approach based more on narrative than numbers, the study attempted to document the perceptions of these people about what was happening in practice, and whether that was the direction they thought was desirable. The main focus was on identifying strengths, weaknesses and trends as a way of identifying gaps in provision, issues of concern, and how policies were working. A notable feature of the study was its orientation to the future, whereby the informants predicted future policy in the light of their perceptions of past and present.

The research rests on a narrower, and more dated, base of information than was originally intended. Nevertheless, it is hoped that the findings will complement those from a yet to be reported review, carried out in 1985/86 by the Department of Education.

The report is organized in the following way. Chapter 2 describes the background to the research and the way in which it was carried out. The results of the descriptive analysis covering philosophical characteristics of special education in New Zealand, services, and teachers are presented thematically in Chapters 3 to 5. Chapter 6 deals with nine additional issues that were identified by the analysis; and Chapter 7 discusses the general findings of the survey and outlines the important considerations for planning. The detailed results from the analysis of policy directions are presented in Appendix 1.

2 Background and Design of the Study

The Special Education in New Zealand Project had the broad objective of reviewing the main issues of policy and organization likely to affect the development of special education in this country over the next decade or so. For this purpose, the term 'special education' was also interpreted broadly as having the following scope:

> It may operate at all ages, from infancy to adulthood; it may be provided through government departments, voluntary organizations or community programmes, or in regular or special schools.

The study was designed to use evidence mainly from two sources, documentary material and interviews, but supplemented by information from a questionnaire survey. This chapter outlines the background to the research and describes the modifications that became necessary in carrying it out.

1979 International Year of the Child Initiative

The project had its beginnings in two recommendations made by the IYC Child and Learning National Theme Committee in its report to the IYC Commission. The recommendations asked that special educational services be provided when the need for them arises, and that more information be made publicly available on gaps in special education services. These recommendations reflected the committee's concern that the establishment of special education services for handicapped children, particularly in recent years, had not been based on the demonstrated needs of the children concerned, despite the administrative and professional criteria that existed for this

purpose. In underlining its concern, the committee referred to the Fraser principle, long accepted in New Zealand, that 'every child has a right to an education of the kind to which he is best suited', and to the United Nations' declaration: 'The child who is handicapped shall receive the special education required by his particular condition.' Accordingly, a research project to provide basic information on the issue was recommended to the IYC Telethon Trust.

In July 1981, the IYC Telethon Trust wrote to the New Zealand Council for Educational Research proposing that the council carry out 'a survey of New Zealand's services for special education, including deficiencies and gaps in services', and offering a grant to assist the research. The council agreed to the proposal and invited Dr John Elkins of the Fred and Eleanor Schonell Educational Research Centre at the University of Queensland to undertake a review of special education in New Zealand.

The declaration of 1981 as the International Year of Disabled Persons gave further impetus to a study on the proposed topic.

Developing a Research Plan

To assist with planning the enquiry, clarifying the objectives, deciding the scope, and suggesting people to consult, the council decided to set up a small advisory committee.[1] The committee met twice to advise on the scope and direction of the project, and to clarify issues concerning method. From the outset, policies and the identification of issues were seen as the main topics for study. Therefore, representation from the Department of Education on the advisory committee was considered important, given the department's central responsibilities for the development of policies and services for special education. However, it was also thought desirable that the scope of the proposed review go beyond the domain of education, especially in view of the close links special education has with health and welfare services and with voluntary organizations. Based on his experience with a survey of special education in Australia, Elkins

1 The four members of this committee were: David Barney, University of Auckland; Alan Bruce (Don Brown as deputy), Department of Education; James Havill, Department of Education; and Michael Parsons, Christchurch Teachers College.

(1981) suggested the following 7 areas for consideration in the New Zealand review:

1. Education for children in residential care, especially Health Department and voluntary organization facilities.
2. Resources to enable regular schools to provide for handicapped children, and to accept greater numbers of these, should the principle of integration be further emphasized.
3. Policies and resources for regular schools to meet special needs, e.g., learning and behaviour problems in children who do not have major handicapping conditions.
4. Policies and practices to renew special schools 'from within' and to link special education to services for adult handicapped persons (also to involve the voluntary organizations in education).
5. Teacher (and other professional) education for the education of children with special needs.
6. Early intervention services and the coordination of education with medical and social welfare services.
7. Post-school-age education for the handicapped, including work preparation centres,[2] activity therapy centres,[3] and continuing education for handicapped citizens.

Also part of the early thinking on the project was the need to review the adequacy of existing statistics on special education, and to suggest data for periodical collection to assist resource allocation.

Initially, the research was planned in two phases, the first consisting of a preliminary visit for the researcher to read the New Zealand literature, consult with the advisory committee, and talk with key people who had long experience in special education or a particular concern about its direction in future years. The second phase provided for a further visit, or two if necessary, for additional consultations and interviews.

2 Work preparation centres in Australia aim to provide slow learning and mildly mentally handicapped persons with transitional training for open employment and independence.

3 Activity therapy centres in Australia provide programmes for more severely disabled adolescents and adults who cannot be meaningfully employed in the workforce or in sheltered workshops.

Progress of the Research

The first phase was carried out over ten days spanning late October and early November 1981, when exploratory discussions were held with the advisory committee and other individuals in Wellington, Hamilton and Auckland. But early in 1982 an unexpected increase in work pressures and commitments influenced the researcher to adopt a modified plan, that is, to settle on one more visit only and to gather additional information by postal questionnaire, rather than undertake a further round of interviews. The second visit, in early February 1982, included consultations with people in Christchurch, Dunedin, Palmerston North, and New Plymouth.

The questionnaire survey was completed by December 1982, but after some preliminary analyses of the questionnaire responses, further work on the project was suspended. In the two ensuing years financial and staffing constraints at the University of Queensland prevented progress on the analysis of information and the preparation of a report, until, in October 1984, it became necessary for the researcher to relinquish the project. With his withdrawal from the study, the only data available for reporting were the questionnaire responses. Hence the questionnaire survey, originally intended as a source of supplementary information, became the sole basis for the findings reported in the following chapters. The form and method of the survey are described below.

The Questionnaire Survey

Preparation for the postal survey began in February 1982 when members of the advisory committee were asked to comment on a draft questionnaire prepared by the researcher. Several revisions of the draft document were made to incorporate suggestions from the committee members and NZCER staff, and a final form was agreed by June 1982.

The Questionnaire

As noted earlier, the questionnaire[4] was designed to round off the

4 The questionnaire and accompanying letter are reproduced in Appendix 2.

information already gathered, by canvassing a broader range of opinion from a sample of people who were well informed about special education in New Zealand. The questionnaire was divided into three parts, covering the following five topics:

1 Major strengths of special education in New Zealand.
2 Major growing points or ways of improving special education in New Zealand.
3 Major trends concerning New Zealand programmes and policies in special education.
4 Desirable policy directions.
5 Special interests.

For each of the first three sections that formed Part 1, respondents were asked to answer in their own words (attaching extra pages if necessary), giving reasons for their particular choices of strengths and growing points. They were also requested to consider whether their selected trends were likely to continue and to give reasons for their judgements.

Part 2, on policy, differed considerably from the other parts of the questionnaire. It consisted of 23 items or statements in the propositional form of policy objectives, for example:

2 That further education beyond the years of compulsory school attendance is provided for handicapped students, on both a full-time and part-time basis.

The objectives were grouped under six headings: Education, Research and Evaluation, Publicity, Access, Staffing, and Parents.

The list of statements was developed for the New Zealand context from a longer list of items reflecting current issues in Australia. Similar statements were used by Elkins and others (1980) in a Delphi study of the future of services for handicapped persons in Australia. The New Zealand respondents were asked to respond to each statement by rating its desirability on a 3-point scale and the likely time needed for its achievement on a 4-point scale. Written comments on issues, such as the comprehensiveness of implementation or the problems foreseen, were invited for each policy statement also.

The final section, Part 3 of the questionnaire, sought written observations on any other important aspects of special education,

including topics of special interest, commitment, or concern to the respondent.

It should be noted that, although the more structured section of the questionnaire, that is, the part on policy directions, was expected to give some useful perceptions about the likely future pattern of services in New Zealand, the researcher attached less importance to that part than to the other open ended sections. Nevertheless, it was recognized that the policy section of the questionnaire required respondents who were 'reasonably well informed about at least some major aspects of the special education scene' (Elkins, 1982), and this requirement largely determined the nature of the sample selected for the survey.

The Sample

In March 1982 the researcher outlined a possible sample of 200 to 300 respondents to be drawn from the following seven major constituencies:

1 Education: Administration
  Schools
  Psychological Service
  Teachers Colleges
  Polytechnics
2 Universities
3 Voluntary Organizations
4 Health Department: Psychopaedic Hospitals
5 Social Welfare Department
6 Parents/Clients
7 Other informed persons/groups

The detailed structure for the proposed sample included groups such as teachers in special units for preschool children, hospital schools and health camps, as well as principals and teachers in regular primary, intermediate and secondary schools. With the exclusion of these groups, the sample actually selected for survey was made decidedly narrower.[5] A shorter and more selective list of

5 The limitation resulting from the omission of these and other groups is noted in Chapter 7.

118 names for possible recipients of the questionnaire was compiled by officers in the Department of Education and approved by members of the advisory committee. Questionnaires were sent to these 118 people in late July 1982. In August a further 13 questionnaires were despatched to 7 parents and 6 students, whose names were supplied

Table 1

Sample Numbers and Proportions who Responded, by Sample Group

Group	Invited N	Responded N	Return %
Department of Education, Head Office	5	4	80
District Senior Inspectors	5	4	80
Inspectors Supervising Special Education	5	4	80
District Psychologists	5	3	60
Other Psychologists	5	1	20
Visual Education	4	3	75
Education of the Deaf	8	4	50
Speech Therapists	10	7	70
Physically Handicapped	5	4	80
Visiting Teachers	5	3	60
Maladjusted	5	3	60
Society for the Intellectually Handicapped	5	2	40
Backward	15	6	40
Special Schools (IH)	5	3	60
Assessment Class	1	1	100
Teachers Colleges	5	2	40
Universities	7	4	57
Health Department	3	1	33
Social Welfare	4	2	50
Foundation for the Blind	1	0	–
Crippled Children Society	1	1	100
Federation for Deaf Children	1	1	100
SPELD	1	0	–
Guidance Counsellors	6	1	17
Parents	7	6	86
Students	6	2	33
Other	1	0	–
Total	131	72	55

by the Department of Education. Hence the invited sample totalled 131 persons.

Response

By mid-November 1982, usable responses had been received from 72 people, or 55 percent of the invited sample. The difficulties, already noted, that affected the progress of the project meant that no follow-up procedures were adopted in an attempt to improve the overall response or that of particular groups with a low return. Table 1 shows the composition of the invited sample and the percentage who participated from each group.[6] Participation was particularly low for several groups, including Other Psychologists, Guidance Counsellors, Health Department Officers, and Students (three student questionnaires were returned with 'gone: no address').

Many of the questionnaire responses were very detailed, indicating that respondents had put considerable time and effort into completing them. Analysing the information contained in the resulting qualitative material was also labour intensive.

Data Analysis

The analysis of ratings in response to policy statements in Part 2 of the questionnaire was carried out by computer at the University of Queensland in December 1982. The Statistical Package for the Social Sciences Programme was used to provide frequency distributions and cross tabulations of the desirability and time-scale variables. At the same time, a trial tabulation was made by computer of topics covered in the written responses to other parts of the questionnaire. The topics identified by computer were used to guide the more detailed content analyses of the qualitative material that were carried out by hand by the first two authors during the period August to October 1985. Table 2 shows the 17 main categories that were used to organize the data in Strengths, Growing Points, Trends, and Special Interests, and the proportions of mentions within each

[6] The names of participants are listed under their appropriate groups in Appendix 3.

category. The qualitative data relating to each statement under Desirable Policy Directions were analysed, using a coding scheme covering the following aspects: achievement, desirability, application, interpretation, and implementation. For all the content analyses, respondents' comments were classified under more than one category where this was appropriate.

The Report

The report of findings from the questionnaire survey was prepared between November 1985 and January 1986. In general, information from the various sections of the questionnaire was first summarized, and then these summaries were brought together and presented on at theme basis, following the main categories used in the analysis. But the full results from the analysis of data in response to Part 2, Desirable Policy Directions, were also tabulated and summarized separately for presentation in Appendix 1.

There were two important considerations in deciding what style of presentation to adopt in the report. One was that the data reported should reflect faithfully the opinions and experience of people who responded at length to questions they presumably felt were worth answering. The other consideration was that comment which could provide a useful stimulus for a well-informed planning dialogue should not be overlooked because it came from only one person or a few people. Also, views were not expected to be homogeneous, given the varied experience and knowledge within the group consulted. For example, some were 'hands-on' practitioners involved with children with particular disabilities as teachers or therapists; some worked with voluntary organizations which had particular points of view and aspirations; and others had an overview of special education as specialists with broad advisory or guidance duties. What could be expected from such a disparate group was that there would be thoughtful and illuminating comments on many issues – sometimes critical, sometimes appreciative, sometimes idiosyncratic, sometimes challenging. And so it proved. At times it was the single, telling comment that would highlight an issue. For all these reasons, presenting significant individual comment, along with collective opinion where it occurred, seemed the most responsible course of

Table 2

Number and Proportion of Comments for Strengths, Growing Points, Trends and Special Interests (Number of Respondents = 72)

Category	Strengths Comments N	%	Growing Points Comments N	%	Trends Comments N	%	Special Interests Comments N	%
Philosophy/Policy (including Integration)	39	11.8	31	8.5	76	30.2	7	5.5
Attitudes	22	6.6	11	3.0	3	1.2	2	1.6
Special Education Constituency	17	5.1	22	6.0	27	10.7	3	2.4
Services: Structure and Provision	65	19.6	89	24.5	17	6.7	15	11.9
Services: Quality	41	12.4	18	5.0	5	2.0	2	1.6
Services: Particular Handicaps	25	7.5	7	1.9	25	9.9	36	28.6
Guidance and Support Services	26	7.8	19	5.2	30	11.9	9	7.1
Training/Teacher Education	25	7.5	57	15.7	25	9.9	13	10.3
Assessment/ Intervention	21	6.3	30	8.2	15	5.9	8	6.3
Curriculum and Teaching Methods	12	3.6	25	6.9	11	4.4	5	4.0
Transition	–	–	3	0.8	12	4.8	10	7.9
Parent Education/ Counselling	2	0.6	6	1.6	–	–	4	3.2
Evaluation/ Innovation	7	2.1	8	2.2	–	–	–	–
Research	1	0.3	9	2.5	2	0.8	5	4.0
Legislation/ Regulations	4	1.2	3	0.8	1	0.4	2	1.6
Coordination	17	5.1	18	5.0	3	1.2	5	4.0
Funding	8	2.4	8	2.2	–	–	–	–
Total	332	99.9	364	100.0	252	100.0	126	100.0
No information	5		5		7		20	

action for reporting the findings. This complementary approach is illustrated most clearly in the full report of findings on Desirable Policy Directions in Appendix 1. In other parts of the report, care was taken to achieve a reasonable balance between the individual and consensus aspects, and to make it clear when comments are those of individuals or small numbers of people.

Summary

The study was designed to provide an overview of the issues and policies that are important for the advancement of special education services in New Zealand, using a broad base of information. But the original plan was only partially implemented, with the result that the findings rest on a questionnaire survey of 72 people, that is, 55 percent of a sample selected to represent a cross-section of New Zealanders who are informed about special education.

The information from the study is necessarily tentative because of the low and uneven response, the restriction of the sample, and the time lag between the collection and reporting of data. Yet these features should not obscure entirely the value of bringing together the participants' views and arguments about special education. Although the research was carried out four years ago and significant developments have occurred since, the informed reader will note that many of the issues raised then, and the concerns expressed, are the same as those being voiced now.

3 Special Education in New Zealand

Asking a group of informed people to respond to a number of open questions about special education in New Zealand is a good way to find out something about its character. The 1982 perceptions, reported below, not only indicate some of the distinguishing qualities of special education in this country, they also enable us to take its pulse, that is, to mark the feelings or sentiments that were uppermost at the time of the survey. This chapter describes the questionnaire responses that fell into the following three topic groups:

1 Philosophical characteristics.
2 Attitudes.
3 The special education constituency.

Philosophical Characteristics

Comments about the philosophy or policy underlying special education in New Zealand figured prominently in the questionnaire responses. Such comments were the highest proportion of comments under Trends (30 percent of Comments: see Table 2) and the third highest in both the analysis of Strengths (12 percent of Comments) and the analysis of Growing Points (9 percent of Comments). Overall, the comments centred on three related topics: non-categorization, special versus ordinary education, and integration.

Non-Categorization

A few people commented that categorizing or labelling children by their handicaps is less acceptable and that the barriers between categories of handicap are breaking down, both tendencies giving

positive personal and educational results. The trend, identified by 3 respondents, was away from categorization towards 'greater acceptance of the notion of an individual with specific educational needs'. A link was seen between the development of resource centres and a less rigid approach to categorization. Because children were being assessed more in terms of learning characteristics and educational needs, than in terms of handicapping conditions, it was possible to provide more appropriate teaching programmes within a school for a range of children with special needs. An appropriately staffed resource centre would provide a base for resource teachers to work from. The risk, as one person pointed out, was that some needs would be poorly met if the resource teacher in a school was not trained to cope with the variety of learning characteristics to be found in children with a disparate range of handicaps.

Special and Ordinary Education

Also noted was the recognition that special and ordinary education have more in common than not, that 'special education is not really very special at all'.

Integration

But the topic most frequently mentioned as a strength or growing point in this area was integration (32 of the 39 mentions for Strengths and 25 of the 31 for Growing Points). For Trends, integration was the single most important trend cited. It was nominated as the major trend by over half the people who responded (39 of the 76 mentions), sometimes with illustrative examples like the following:

> The major trend has been towards integration or mainstreaming. There are numerous examples: transfer of schools for the physically handicapped to special units attached to ordinary schools; the development of visual resource centres and the appointment of resource teachers of the deaf; many special classes becoming resource classes; classes for intellectually handicapped children in ordinary schools; provision of teacher aides to help children with handicaps; retention of many children with handicaps in ordinary classes.

Similarly, just under half the group mentioned this topic first in their

listings of strengths. Reference was made to New Zealand's long-standing commitment to integration, particularly for persons with sensory and physical handicaps. The establishment of the first special classes for deaf children in the 1950s and the visual resource centres developed in the 1960s were cited as evidence of this country's pioneering role in translating the commitment into practice. In fact, half the respondents simply pointed to the practice of integration, or mainstreaming, within our educational system as a strength, making comments such as 'Most children are catered for in the mainstream. There are few segregated schools.'

The meaning of integration. The comments reflected a general agreement that integration meant including handicapped persons in ordinary school or community settings ('in ordinary school situations', 'educated with their peers', 'contact with children in regular schools'), but the term was sometimes given a particular meaning or emphasis. For example, some comments referred to the integration of units or facilities rather than children ('integration of special education units, e.g., IHC on ordinary school sites'). Others emphasized location ('in their home district and as close to the mainstream as possible'). For some, a continuum of facilities, providing choice or opportunity for different levels of integration, was an essential aspect of the way they thought about the term.

The reasons given by nearly half the group for citing integration as a strength were of 3 kinds. One small set of reasons can be called *philosophical*. They referred to ideas such as the prevailing climate in schools and society towards integration or to success in avoiding an extreme position on the issue. The remaining reasons were evenly divided between *child oriented* and *educational*. *Child oriented* reasons placed value on keeping children within the family or community and not separating them from peers 'with whom they have grown up and developed'; on accentuating children's similarities rather than their differences; and on overcoming prejudice, especially towards intellectually handicapped children. *Educational* reasons emphasized the way in which integration encourages optimum performance through peer modelling and higher expectations, as the following comments illustrate:

> Better models provide challenges necessary for handicapped children.

> The inclusion of children with special needs in the classroom does provide for higher expectations on the teachers' and the students' part. It allows the individual to go from class to class while developing at his/her own rate.
>
> The emphasis on a 'mainstream' approach for many handicapped children providing a more effective learning environment.
>
> Pushing by the teacher and competition with siblings and peers provided me with motivation. Any exceptions for me were on physical grounds only.

Problems and concerns about integration. Recent trends overseas have given a further push towards integration or mainstreaming in New Zealand which in turn has highlighted the problems in establishing effective integration. Although there was general support for extending integration, nearly all the comments relating to integration as a need or growing point carried a strong note of caution. Several respondents remarked on the need to recognize the limitations of mainstreaming and the consequences of precipitating children into the mainstream 'without due regard for the needs of the child and of the regular class teacher'.

While integration was seen as 'a positive step towards better acceptance of the handicapped by the community in general', it was noted that lack of adequate support had prevented some children with special needs from attaining their full potential. Parents would become concerned, it was said, if their integrated handicapped children made social gains at the expense of competency in reading and mathematics. To prevent that, 'withdrawal for basic instruction coupled with social integration' was seen by one respondent as the best approach. Another observer noted that young boys in an assessment class became withdrawn after integrating for part of a morning: 'Thus the supposed advantages of integration seemed to be lost.'

Gains to be had from mainstreaming could not be left to chance. For example, mildly mentally handicapped children needed to be helped to acquire such 'crucial social skills as cooperation, making conversation, and asking for and giving information', if they were to succeed in a regular classroom. The teacher in the ordinary classroom could give the handicapped integrated child needed attention only if she had back-up support.

Classroom teachers were said to be under pressure. For example,

integration of mentally and physically handicapped children was seen 'to add to the burden of teaching'. One person noted that 'the introduction of one such child creates huge extra demands on teacher time both in and out of the classroom' and may result in an increase in behaviour and disciplinary problems. Another respondent observed that more teachers were finding their work exhausting because of a greater incidence of children with social difficulties: that occurred even 'without special education children being placed in their classes'.

For classroom teachers it was a dilemma. The handicapped children in their classes needed their time, but so did the other children. If, in the absence of support, excessive teacher time was given to handicapped children, 'peer resentment' was said to result. As well, there was a fear of backlash from the parents of ordinary children in regular classes 'as they see too many mainstreamed pupils taking up teacher/school resources unless adequate support is built in'.

Additional resources, decreased class size, suitable physical provisions for severely physically disabled students, and teacher training for regular class teachers were seen as important considerations in implementing integration. On the issue of class size, for example, one person claimed that 'for every pupil mainstreamed the class size should be reduced by from two to five pupils'. Another advocated compulsory training in special education for all teachers – 'if we're moving to integration, they must understand why and how'.

Adequate support for integration. The need for adequate staffing and support services to assist with 'integrated' children received strong emphasis. Integration, though cited as the dominant trend, was seen as unlikely to work without adequate support and backup for the ordinary teacher. That meant resource teachers, people support in normal classrooms, resource units and classes, and other support services. Two-thirds of those who nominated integration as the most significant trend added riders to their comments about the need for support, or pointed out the implications of not providing this support:

> The danger in the [integration] programme is that lack of additional staff

and resources will cause the whole thing to become another educational failure.

The resource room (5 mentions) was considered important as a base where children can be taught basic skills, such as 'returning to a normal classroom when activities they can succeed at are taking place'. Special classes 'of one kind or another' had become resource rooms as their pupils had been integrated, but it was thought that the resource room should be flexible in operation 'so that it serves the individual needs of all handicapped pupils who are mainstreamed'.

Many felt that without increased support of this kind children risk receiving less than they gain in segregated situations. Suggestions for meeting this need included not only additional resource and support people to advise teachers and parents, but also the appointment of link staff or coordinators to be responsible within schools for guiding teachers and developing appropriate programmes. Among the other staffing needs recommended were more reading tutors, interpreters for the deaf, counsellors for secondary school students with serious emotional or social needs, and teacher aides to help handicapped children in such activities as toileting, moving around the school, and taking notes. The frequent mention of these provisos concerning staff support indicated a fairly widespread concern about the gap that exists between acceptance of integration as a policy and acceptance of the implications for effective practice. As one person wrote:

> The climate in schools and in society is generally favourable to the integration of special education facilities within ordinary schools. Unfortunately there is little evidence that the Dept of Education has accepted that this has implications for staff training and support. Too often class teachers receive insufficient help and advice when asked to accept a handicapped pupil. Further, the teachers responsible for offering support are frequently untrained.

After the objective relating to parent needs for counselling and involvement, the policy objective endorsed most strongly (92 percent 'very desirable') was item 16:

> That appropriate trained resource staff are available for the support of handicapped children attending regular schools.

Comments relating to this objective emphasized its patchy and

inadequate achievement at the time of the survey. Words like 'essential', 'vital', and 'necessary' were used to endorse the desirability of resource staff, and many people expressed the view that the success of integration depended on adequate provision of such staff. Here are a few typical comments:

> Integration succeeds or fails on *sufficient* support staff. At present 'X' number of hours and staff are available almost regardless of numbers of deaf children.
>
> Vital to the whole question of mainstreaming.
>
> This lack is one of the greatest *pitfalls* for integration.
>
> If integration is to continue successfully this is essential.
>
> Regular class teachers need assistance when disabled children attend neighbourhood schools – otherwise all kids suffer.

Cost was seen as the main barrier to implementation and economic considerations at the time of the survey prompted a number of pessimistic comments about getting adequate coverage of resource staff.

The integration of physically handicapped children received no particular comment, even from the teachers in schools for the physically handicapped. One member of the advisory committee found this a surprising lack, given the changes that took place in this area between 1975 and 1982. The needs of children in the following three groups were highlighted.

Integration of intellectually handicapped children. If intellectually handicapped children were to be successfully catered for in ordinary classrooms, there would have to be 'sufficient ancillary help provided as of right'. It was noted, though, that the integration of intellectually handicapped children had lagged behind that of the deaf and visually and physically handicapped: 'There appears to be no official policy on the integration of intellectually handicapped children.' Access to appropriate education for intellectually handicapped children emerged in the survey as an issue of rights.

Where integration of intellectually handicapped children had taken place, parents, children, and teachers had all benefited from it. However, some teachers didn't support it and some parents were fearful of it. Parents were seen as having the key role in fostering integration by accepting that their intellectually handicapped children

should be given the opportunity to lead lives which were as normal as possible. The development of preschool kindergarten provision for moderately intellectually handicapped children was seen as a trend. The Auckland Society for the Intellectually Handicapped had become increasingly involved at the preschool stage in providing 'a comprehensive kindergarten programme for all moderately and some severely handicapped children'.

Integration of deaf children. For deaf children integration was seen as the major trend. Yet one respondent commented: 'This sounds good but adequate support services are not provided.' The cost of integrated provision for a hearing impaired child was said to be about one-eighth of the cost of residential provision. One reason advanced for the difference was that insufficient money was spent on support services. Parents of deaf children were said to be in favour of the trend to integration but not at any price: 'The great majority of parents applaud the overall movement to integration, but feel anger and frustration at the minimal support service provided in many areas.'

Perspectives differed. Those closely associated with residential institutions for the deaf saw the thrust of integration as one element in a programme of diversified provision. Special schools had become centres of support, and itinerant teachers of deaf children and advisers on deaf children were responsible for greatly increased advisory services from preschool to tertiary levels. It was evident, though, that substantial expansion of support services had not satisfied the needs as perceived by the parents of hearing handicapped children.

Even the notion of a 'trend' towards integration was questioned. The mushrooming of 'units' for deaf children in ordinary schools at the beginning of the decade was described by one commentator as 'having little or nothing to do with appropriate placement and everything to do with the sheer weight of numbers'. He claimed that, in the mid-1970s, the two schools for the deaf – Kelston in the North Island, Van Asch in the South Island – adopted different practices. In the Northern Region, the move to integration continued, with an increasing number of deaf children being placed in units and in ordinary classrooms. In the Southern Region, the flow appeared to be reversed, with 'increasingly more pupils returning to the base school as boarders and day pupils'. Hence, whether the individual

deaf child was integrated or segregated was said to be determined to some extent by geographical accident. But a member of the advisory committee suggested another explanation. He said the policy for both schools remains substantially the same, but older teenagers are encouraged to attend Van Asch to participate in their polytechnic scheme (outlined in Chapter 4). Consequently, about three-quarters of the residential group at Van Asch are 16 years or older.

While parents favoured integration in principle they considered that there would always be a need for some children to be educated in the more protective environment of a special school. 'Reverse integration' – normal children having part of their education on the campus of a school for hearing impaired – was noted as a beneficial trend. It allowed integration to be controlled 'to meet the needs of all children'.

Integration of mildly mentally handicapped children. A special plea was put for the integration of mildly mentally handicapped children, those who make up 'the bulk of children in full-time special education'. In spite of official encouragement, and inservice courses, many of these children were spending 'most, if not all, their school time in special classes whose efficiency is, to say the least, questionable'. The problem was seen, by one respondent, to lie with the special class teachers themselves, some of whom 'admitted a lack of confidence in operating outside the traditional role and clearly lack the skills to change to a resource teacher model'. Nevertheless, the view was that the children should be integrated. A good deal of goodwill towards their integration was said to exist among general educators, but skilled, confident backup support was missing. An obvious priority was the 'development of resources to support mainstreamed children'.

Is integration likely to continue? Half of those who saw it as a trend responded to the question. Ninety-five percent said that its continuation was likely. Parental expectation and pressure from groups and organizations were seen as strong forces for continuation.

> Integration is likely to continue because most parents want their children to remain in their local community.

> The professionals increasingly support integration and parents' (and often their children's) expectations are shifting in this direction away from special classes and the like.

One commentator thought mainstreaming would continue 'as a function of local initiatives rather than Education Department policy'. However, continuity could be threatened if additional staff and resources were not forthcoming. Shortage of money was a constant constraining factor.

Evaluation of integration. Only four people called for a critical examination of integration: one wanted 'a thorough review of the current philosophies and practices of integrating handicapped children into regular education', and set down a number of principles to be considered for this purpose. The second commentator, speaking for a voluntary society, stated that we need to reaffirm guiding principles (normalization, mainstreaming or community integration) and also 'to state in concrete terms what is meant by them in the New Zealand setting'. Two others commented on evaluation under special interests. One spoke of the likelihood of mainstream 'dumping'. As a safeguard, integration programmes and backup facilities would require careful monitoring. 'An effective diagnostic and assessment centre' would need to be established for the purpose. A supporting comment came from another respondent who argued for careful evaluation of attempts at integration. 'Physical placement and good social acceptance were not enough if good teaching programmes were not available.'

Attitudes

Positive attitudes on the part of the Government, the general community and teachers or professionals in special education were cited as strengths (7 percent of mentions).

Commitment and Acceptance

Government interest and commitment in making provision for handicapped children were commended, along with the part played by pressure groups, for ensuring that 'the Government retains a high

priority for special education'. Teachers in special education were regarded as self-reliant and committed professionals, ready to inform themselves through literature, conferences and visits (even at their own expense), and to share new ideas and methods. Teachers and principals in ordinary schools were willing to accept handicapped students despite the extra load placed on school resources and planning. This favourable climate extended to the community with the acceptance of normalization, and the creation of more hospitable environments for intellectually handicapped persons in particular.

Community Awareness

An increase in public awareness of disabilities, needs, services and special education was identified as a feature of the past decade. Several people remarked on the heightened public awareness of the value of special education in helping handicapped children reach their potential. Influential factors were thought to be the publicity associated with the International Year of the Child (IYC) and the International Year of Disabled Persons (IYDP), an increase in the number of television programmes about disabled people and greater use of television to inform the community about services for disabled people. 'Acceptance and understanding of the atypical child by the "normal" child and the community at large' was claimed to have resulted from integration. A spin-off from the publicity associated with IYC and IYDP was said to be 'improved morale of many teachers in special education who previously felt either forgotten or a little stigmatized'. Overall, the decade had seen 'much greater visibility of handicapped people and more concern for them as people with needs akin to normal people'.

Although by 1982 the community was seen to have become better informed in general, there was some uneasiness about how well informed the families of handicapped children were. Lack of funding was said to have affected the production of suitable printed material for distribution to schools and families at risk.

Areas of Concern

Other areas of concern or needed improvements in attitudes were

registered for all three sectors: government, community, and teachers. One area of concern, the low overall value placed on special education, was perceived as a reflection of the spending priorities of the Muldoon Government. But this perception should be seen in perspective: financial approvals for education services during that period of government administration show that special education did relatively better than most other areas of education. A second concern was the lack of government support for services for emotionally or socially handicapped adolescents, together with a lack of flexibility in large secondary schools in catering for the needs of disaffected students.

Many informants were less complacent about the level of community awareness, even though it had increased markedly as a result of activities such as IYDP. According to one person, the public needed to be alerted more systematically, through the media, to the recognition required for preschool children with special needs.

The need for improved attitudes appeared more clearly in the responses to Policy Objective 10:

> That the general public is fully aware that all handicapped students need to be identified and provided for, throughout the country and among all ethnic groups.

Although this objective was endorsed as 'very desirable' by 84 percent and as 'desirable' by the remaining 16 percent, well over half considered it would be a long-term goal, if not unattainable. General understanding of the disabled person had been considerably enhanced, but misconceptions, stigma, ignorance, and lack of interest were still rife. Attitudes would not be changed without the commitment of agencies, including government departments, to promoting actively the needs and rights of disabled people and long-term programmes of public education. One person thought the objective would be achieved only through legislation requiring the Government to inform the public. Others supported publicity campaigns, but were realistic about the difficulty of touching people not personally involved with handicap. Yet others commented on the general problems in raising consciousness and in changing attitudes:

> Public awareness takes time, money and unrelenting effort. It is extremely difficult for the general public to understand the effects of

> born-deafness – those of us who live with the deaf understand this. The public takes a long time to be educated into accepting that the handicapped have needs and the same feelings as they do – and that they are humans after all.

Recognition of the right of all children to free, appropriate, public education was seen as an emergent trend of the period by a small number of respondents. They associated the trend with increased willingness of people in the system to endeavour to meet the special needs of all children. But comments about the barriers to creating normal environments and expectations for handicapped persons (Policy Objective 5) reinforced the continuing need for changed attitudes, and, contrary to earlier statements, suggested that there is a long way to go in achieving the community attitudes necessary to accept and support normalization, particularly in some areas of employment.

Teachers and other professionals were criticized for their less accepting, or less tolerant, attitudes towards parents. It was stated that some teachers and psychologists, possibly because they felt incompetent or inadequately trained, were inclined to be distrustful of parents or opposed to parent involvement.

The Special Education Constituency

A number of comments referred to groups who make up the context of special education in New Zealand – the administrators, teachers, voluntary agencies, parents and handicapped persons, who together form what can be loosely defined as the special education constituency. From 5 to 6 percent of the Strengths and Growing Points, and 11 percent of the Trends, were in this category. In a few instances responses in this category were general comments about the nature of the constituency. For example, an increase was noted in the number of people in schools, teachers colleges, and universities who are knowledgeable about special education. One respondent believed that there had been some sound thinking in the past among the leaders in special education in New Zealand, but that a leadership gap was evident at the time of the survey. One reason for this was the lack of training in special education for inspectors supervising special education.

The involvement of parents, individually and collectively, emerged as a strong trend. The analysis of responses showed that parents and organizations had continued to press for the right to be heeded, consulted, and involved. Indeed, the developing strength, confidence, and voice of parents' groups and voluntary organizations had characterized the previous decade. The trend to parent participation, which was an imporant part of the politicizing of special education, created 'an opportunity for cooperative planning and implementation of policies with state agencies'. This trend was reinforced by 'a reluctant, but nevertheless increasing, motivation on the part of the Government' to listen to what parents, parents' groups and others were seeking for disabled people. Consequently, decision makers and professionals were becoming more aware of the contribution parents had to make to the education of their handicapped children.

Voluntary Organizations

Voluntary organizations were seen as a strength both for their active role in lobbying for services and in providing services. However, one respondent expressed concern that there was no strong advocacy group speaking for backward children, especially for those who come from poor families. The Crippled Children Society and the Society for the Intellectually Handicapped were singled out for their work in filling gaps in the system:

> In the past they often provided the only support and help for parents and children and they continue to provide support in many areas — particularly in pre-school and after care, neither of which are now given much attention by the authorities.

But rationalization of voluntary organizations was also considered necessary, with a view to reducing 'empire building and attitudes of territoriality'.

Parents

The topic receiving most mention in the category of 'special education constituency' was the role and involvement of parents. The changes

occurring in the role of parents, and the resulting benefits, were clearly stated by one respondent as follows:

> The role of the parent of handicapped children is changing from that of being a passive observer of the school's programme to becoming an active member of the teaching team. The advantages are considerable.
>
> 1 To the Parent
>
> (a) An opportunity to contribute to developing the child's programme.
>
> (b) Involvement in achieving aims of programme.
>
> (c) Development of personal skills in coping with a handicapped child.
>
> (d) Probable beneficial spin-off for other members of the family.
>
> 2 To the Teacher
>
> (a) An awareness of parents' and families' needs.
>
> (b) Assistance in carrying out aims of the programme.
>
> (c) Improvement in home-school relationships.

One of the major advantages claimed for the IHC as an agency was that it retained 'many effective systems for involving parents at all levels of care, teaching and management'.

Particular strengths cited included close consultation with parents over placement, their increased involvement in educational programmes and therapy, or as resource people, and the support from parent groups for political lobbying over finance, policy, and needed improvements. Further recognition of parents' contributions and development of their involvement were clearly favoured. More participation in decisions about placements and programmes and the provision of training courses for parents were supported.

Involvement in decisions. Greatly increased parent involvement in day-to-day decisions regarding their handicapped children was noted as a developing trend by 17 percent of respondents. While this trend reflected a new willingness on the part of professionals to share decision making with parents, the need for a more open approach with parents in discussing needs, placement, and education was emphasized:

> Teachers need to accept that parents are an integral part of any teaching team . . . I do not believe there is nearly enough trust at present and suspect that because of lack of training, teachers feel inadequate to relay to parents what their teaching programmes will achieve.

Some comments highlighted parents' rights in issues such as assessment, placement and treatment, for example:

> So many parents seem to have relinquished their right to make these decisions because from the start 'professionals' have made the decisions for them, and many parents no longer have the confidence to contradict or state wishes or preferences.

It is interesting to note here the response to Policy Objective 21, advocating parental participation in decisions relating to placement and programme development for handicapped children. With 94 percent viewing it as 'very desirable', this objective achieved the highest level of consensus of the 23 objectives stated, and well over half the respondents (55 percent) thought it would be achieved in the next decade. The finding possibly reflects Department of Education policy on the question, but there appeared no doubt from the respondents' comments that parental participation in decision making was gaining momentum, perhaps 'as the professionals gain confidence', as one person suggested. For example, an adviser on deaf children thought one of his most important roles was informing and advising parents about possible educational placements, but he commented: 'After many considerations the parent makes the decision and has freedom of choice.' Another professional was less sure that the desirability of shared decision making was acknowledged in practice, saying that 'we just don't have the procedures in place to put it together'.

Involvement in teaching and curriculum planning. As well as being consulted in a more equal way, and having a greater say in what happens to their children, parents were seen to be assuming a more active role in teaching and curriculum planning.

> Some parents are developing much interest in the educational process in which their handicapped children are involved. They wish to be kept informed and they wish to become involved. Schools should be aware of this trend and make provision for it.

What part would parents take in teaching? It was thought that the parents of intellectually handicapped children, for example, would have a particular contribution in teaching their children 'specific skills and behaviours'. As well, parent participation had been shown to be helpful in language development programmes.

Involvement sometimes went beyond parents. The intensive involvement of people from the community in the teaching programme of one special school was described. Up to 80 helpers (not parents) were giving between one hour and six hours a week each to 'individual teaching programmes'.

The trend for parent involvement in teaching and curriculum planning was considered likely to continue, but, according to one, 'very slowly – especially at present [the time of the survey] with the high feelings of insecurity amongst teachers who may feel that they can't cope with the extra responsibility of parent education'. Another respondent concurred with the view that parent participation in the school was 'more in spirit than in deed', partly because it was very expensive in teacher time.

Continuation of the overall trend for parent involvement was seen as inevitable – 'because parents will insist on it – influenced by US laws, growing militancy in New Zealand, greater egalitarianism, more feminists and government policy'! But it was suggested that the full implications of increased parent involvement had yet to be completely grasped.

Involvement in administration. The encouragement of parents to become involved in the administration of services (Policy Objective 22) was also supported (73 percent considered it very desirable) though less strongly than their involvement in decisions relating to children. While some considered administrative involvement would benefit parents in their understanding, for example, others saw administration as a difficult or inappropriate role for parents. Negative attitudes towards involvement among parents and reluctance of the authorities were mentioned as significant barriers to achieving such an objective.

Handicapped Persons

With the trend to greater consultation of parents there was also a tendency for more consideration to be given to the child's 'own thoughts and feelings' regarding his or her individual needs. One person commented positively on the growing trend for handicapped

persons themselves to be consulted in framing policies. Another thought there should be much more involvement of deaf people in policy making and delivery of services for those who are deaf.

Summary

The findings reported in this chapter cover three broad areas of special education in New Zealand: its philosophical characteristics, the attitudes associated with it, and the people most closely involved in this field.

Philosophical characteristics were described mostly in terms of the moves away from categorization of children by their handicaps and towards integration. The meaning given to integration varied, reflecting a continuum which included different degrees of integration. A long-standing commitment in New Zealand to the principle of integration had led to most handicapped children being catered for in ordinary schools. Integration was identified as the major trend in the last decade by over half the respondents, and various examples of changes in practice and new developments were cited as illustrations of the more recent push in this direction.

But many concerns were expressed about the effect of precipitate integration, particularly if there are inadequate conditions and support services for the children, teachers, and parents concerned. Additional trained staff and ancillary help to implement effective integration were a vital consideration. The integration of intellectually handicapped children was controversial, and there was no explicit official policy on this issue. Parents of hearing impaired children were reported to be dissatisfied with the level of support and advisory services provided for integration. The integration of mildly mentally handicapped children from special classes required more attention.

A few people voiced the need for a critical review of the philosophy and practice of integrating handicapped children into regular education, but overall the integration movement was viewed as a strong force which was likely to continue.

Comments about positive *attitudes* highlighted the qualities of commitment and acceptance generally apparent among professionals, people in the community, and the Government. Recognition of the right of all children to free, appropriate, public

education was an emergent trend, but it seemed that much had still to be achieved in creating the community attitudes necessary to translate the principle into action.

Increased public awareness of disabilities, needs, services and special education was noted. Needs for improved or changed attitudes related mainly to the following concerns: the low value placed on special education in cost terms, the public recognition required for preschool children with special needs, the limited government support for services for emotionally or socially handicapped adolescents, the active commitment needed to provide sustained public education programmes to overcome remaining negative attitudes towards handicapped persons, and the distrust shown by some teachers and other professionals towards parents.

Within the *special education constituency*, the most notable feature of the past decade was the trend to greater parent involvement in matters and decisions affecting their children, and in the children's educational programmes or therapy. Further development of parent involvement, particularly in decision making was strongly favoured as a desirable policy direction. For this purpose, the need for more open relationships between parents and professionals was emphasized. Parent involvement in the administration of special education services was also supported, but less strongly. There was little comment on the involvement of handicapped persons, though a tendency to give more consideration to their views was registered.

Voluntary organizations were commended for their advocacy and provision of services, but more rationalization of their work was thought desirable. The lack of an advocacy group for backward children was a particular concern.

4 Services for Handicapped Persons

Remarks and opinions about classes, schools, teachers and pupils, which we have grouped loosely under the theme of services, constituted the largest body of comment. In the following sections this comment is discussed under broad categories, such as the structure and provision of services or the quality of services, and sometimes under topic headings within these categories.

The Structure and Provision of Services

Twenty percent of the comment about strengths and 25 percent of the comment on growing points referred to the structure and provision of services.

Development and Administration

The coherent structure of special education services in New Zealand was seen as a strength. Development had proceeded along a consistent path, responding selectively to overseas influences and avoiding some of the excesses and pendulum swings evident elsewhere. Unlike other countries, such as the United Kingdom and Australia, New Zealand did not establish a two-tiered system, thus perpetuating a system of separate special schools. Nor, said one respondent, do we have, as they do in Australia, 'an integration of mental handicap with mental illness, or fragmentation of services provided by voluntary agencies'.

Free provision within the state system was regarded as a definite strength, allowing an appropriate focus on the needs of the child for special facilities rather than the ability of the parent to pay. There

was less agreement about national control of the system. Although central control resulted in a comprehensive range of services and good geographical coverage, it was also inclined to produce cumbersome and restrictive administrative structures. The cautious approach adopted by the central authority towards devolution of control, as exemplified by the way in which the six national special schools continued under central administration, was criticized. One person wrote:

> There has been little real devolution of power from the centre. The real decisions are still made in Wellington and it is difficult to develop local patterns of special education that don't fit the national policies but probably are better able to meet local needs.

Another wanted greater flexibility for board districts to re-allocate teaching resources, for example, replacing an unwanted special class with a resource teacher of reading.

Some provision within the structure for more representative advice to the Minister of Education was advocated. One response included a proposal for a National Advisory Committee on Special Education with details on the role, responsibilities, and membership of such a committee (see Appendix 4). The main responsibilities envisaged were recommending changes in legislation for educational provisions or in the way existing legislation is implemented, advising on research needs for policy making, and receiving submissions from interested organizations or persons.

There was apparently little in the administration of special education which could be styled a trend. One respondent noted the strengthening of the Department of Education head office and 'an increase in national meetings of professionals to consider policy'. Another, in critical vein, observed the continuing trend for 'independent and isolated planning and programming by most government, professional and welfare organizations'.

Range of Provision

The diversity of handicap accommodated within the structure of special education was a dominant strength. It was generally agreed that most, if not all, major handicaps were catered for, making a comprehensive range of provisions. Even so, respondents saw room

for growth. The following list summarizes the ways they thought services should be extended or developed:

1 Extension of state provision for more severely handicapped children, especially those who are intellectually handicapped.
2 Provision for children with specific learning difficulties, and for slow learning children, on a less *ad hoc* basis.
3 Increased provision for behaviourally disturbed children, for example, in separate classes in ordinary schools, and through a service 'akin to Health Camps' for children of 11 years and over.
4 Provision of short- and long-term care facilities for adolescent children who are failing academically and socially.
5 Marae based or city community based units for the rehabilitation of delinquent Polynesian youngsters.
6 Continuation of special education services into the tertiary area, where services have been confined to only one or two institutions. A need was seen for increased tutor help in technical institutes and universities for those with specific learning or communication difficulties, and the establishment of vocational training programmes for mildly subnormal school leavers was recommended.
7 Increased assistance with transition from school to post-school life and employment.

One person noted that lifelong education needed to be recognized as a valid concept for handicapped people as well as others.

Only one policy objective referred to range of provision. The provision of further education for full-time and part-time handicapped students after compulsory schooling was supported as a 'very desirable' policy objective by 73 percent of the survey group, and two-fifths considered this objective would be achieved in the next decade (see also the section on 'Further education' in Chapter 6).

The range in type of provision or service was considered a further strength. This variety of services could give handicapped children and their families a choice of situation, ranging from home placement with support from the Correspondence School, across various levels of integrated school placement, to institutional residence. For some handicaps there was a similar variety of staffing provision. For

example, one informant noted that in the area of deafness there are specially trained teachers of the deaf, advisers to help parents educate their preschool deaf children in communication skills, and itinerant teachers who work with hearing impaired children in ordinary schools.

Location and Geographical Coverage

There was substantial positive comment on attempts in New Zealand to provide some form of special education for all children in need, irrespective of geographical location. Placing services in as many communities as possible rather than grouping them in major centres has resulted in a spread of services throughout the country on a fairly uniform basis, and has also reinforced expectations that special education will be accessible. The main thrust suggested for improvement was towards extending services at a local community or neighbourhood level. Residential facilities and speech therapy services were two concerns specified:

> The development of 'small village located' family homes for disabled and able bodied people.
>
> With two large residential schools in NZ both located in the South Island — the largest well away from major population centres, those children/families in the North must be disadvantaged. There may well be many children who could profit from a residential experience in smaller settings, closer to home.
>
> The provision of extra [speech] therapists to service remote or geographically spread out areas. At present therapists are appointed according to primary school roll numbers. However, in an area like [Westport] one therapist travels long distances (or alternatively, children travel) to bring therapy to where it's required, . . . valuable clinic time is taken up in travel . . . in some cases therapy on a regular basis is unavailable even when it is vital.

The social disadvantages for the child of not being educated in the home district were pointed out by a parent respondent:

> Our daughter passes 5 to 6 schools on the way to her special class. . . . all her friends are at least 4-5 miles away. This adds to difficulties of playing with others she knows and tends to isolate her even more. She also has a *longer* day (8.15 a.m. - 3.30 p.m.) because she goes by taxi, than her brother who goes locally to school.

Locating or resiting various special classes in ordinary schools was noted as a strong point by some, though they were not always explicit on the reasons for this being so. Similar value was placed on the development of services, such as speech therapy and guidance counselling, within the school, in preference to 'outside' agencies coming in.

Services in the Early Childhood Years

Enhanced provision at the preschool and early childhood level was seen to be one of the more significant developments of the decade. Acceptance of the principle of early intervention appeared to lie behind the various innovations cited. Preschool groups for educationally handicapped children in kindergartens and playcentres; special classes (at primary schools) for preschool children with special needs; 'Dawnstart' programmes; provision for enrolment of preschool children aged four years, and sometimes three years, in special schools; assessment classes for 5- to 7-year olds; the appointment of advisers on handicapped children; and the seconded teacher scheme in special care centres run by voluntary organizations, were all mentioned.

Resources

Resources were referred to positively as strengths in only three instances: the role of base schools as resource centres, the availability of equipment from the Special Education Section of the Department of Education, and the development of specially designed buildings, particularly in the preschool area. The six other references to resources in the analysis of strengths were all negative in the sense that they commented on lack of resources. Generally these comments were about good teachers being hampered by inadequate resources. From observations in several Western countries, one respondent stated: 'I have never seen teachers expected to work so hard with so few resources and so little specialized training.'

Suggestions for improvement in the area of resources ranged across several groups of need. First was the need for flexible and more effective use of existing resources. These suggestions tended

to focus on increased practical support for administrators and teachers involved in developing resource rooms and resource teaching, and on the establishment of more special educational resource centres with a regional emphasis. One person thought that regional resource centres should have a dual function:

> (a) providing various types of educational materials for use by professional personnel and parents involved in special education (e.g., reference material, curriculum materials, audio-visual programmes, toys);
> (b) providing consultative and advisory services on the development and use of educational materials.

The second group of responses stressed the need for an additional range of resources. Included were the need for specialized equipment for persons other than those with sensory or physical disabilities, the provision of modern technological resources, and the need for better access to overseas material and publications. The third group concerned the additional resources necessary for particular settings or purposes. As might be expected, resources for effective mainstreaming were the main emphasis here, including the need for improved facilities for physically handicapped children in ordinary schools. But there was also mention of the extra facilities required in multicultural schools and in some neighbourhood schools with large disabled populations. Responses in the fourth group centred on the need for better dissemination to teachers of information about resources and helpful approaches in special education. One specific recommendation was:

> That all professionals who have contact with handicapped children be provided with regular updated reading lists relating to various handicaps.

Staffing

Staffing provision was not seen as a strength except in one comment relating to the provision of teacher aides. In contrast, the analysis of growing points showed that 45 percent of the comments on the structure and provision of services were about staffing concerns and needs. A major need for extra staff arose from the additional support required to implement increased opportunities for mainstreaming. To support children, teachers, and parents involved in main-

streaming, various kinds of additional staffing were needed, such as itinerant, resource and support teachers, teachers' aides, interpreters for the deaf and tutors. Two people commented on the further need to appoint staff within schools to coordinate resources for handicapped children, to develop programmes for education and teacher guidance, and to liaise with outside services. But just as many comments pointed to additional staffing needs outside the context of mainstreaming. The list included: additional resource teachers of reading for children with specific reading difficulties; increased ancillary help and para-professional assistance, from physiotherapists, for example; extension of the scheme whereby teachers from special schools are seconded to local preschools or special care centres; resource staff, such as speech therapists and occupational therapists, for special schools; extra counsellors for secondary school students with emotional and social needs; more advisers in special education, 'fulfilling some of the roles previously performed by organizers of special classes'. One respondent, a senior administrator, reported that, at the time of the survey, about 100 extra teaching positions were required to complete the range of approved services in special education – speech therapy and visiting teacher services, experience and assessment classes, preschool groups for handicapped children, for example.

Two-fifths of the comments about staffing reflected concern about conditions of service for teachers in special education. Better opportunities for promotion was the need mentioned most frequently. The present lack of career structure affected recruitment and retention of experienced teachers, the general feeling being that:

> Too many teachers see themselves as disadvantaged by remaining in the special education field, in terms of their total careers. By the time they have achieved a high level of excellence they consider the time has arrived 'to get out'. The system does not benefit from their experience as all too often they are syphoned off.

Conversely, some respondents saw a case for helping teachers in special education to move sideways into ordinary teaching. One suggestion was that such movement should be allowed as of right once a teacher has completed a stated period of service in special education. Another was that teachers be permitted to teach in mainstream facilities for up to 12 months while their current positions

are safeguarded. One person argued that movement should also be permitted on the grounds of unsuitability for specialist training:

> I have observed some teachers who are obviously very unhappy and angry in their jobs. Many children in special education understand life is difficult, and to me, it is not appropriate that the school situation should make it even more difficult because of the low tolerance level of the teacher.

Some comments advocated more attention to staff development needs, through the provision of more teacher release time and sabbatical leave, or grants for research and travel. Attention was also drawn to anomalies concerning staffing, salary, and conditions of employment in some residential schools (mildly retarded, emotionally disturbed) and Social Welfare institutions.

There was a high level of consensus about the desirability of Policy Objectives 16 and 17 which concern staffing. Ninety-two percent though it 'very desirable' to make trained resource staff available to support handicapped children attending regular schools. Similarly, 90 percent strongly supported a policy that gave access to trained specialists for children with learning or behavioural difficulties. But most expected it would take longer than 10 years to implement the goal of resource/support staff for mainstreaming, whereas more progress was evident regarding the provision of access to specialist support, for some services at least. The thin spread of psychologists in some areas made access to them variable and prone to delay.

The Quality of Services

The quality of services, including the quality of the teachers in them, emerged as the second ranked strength overall. The main quality commended was flexibility: the flexibility of treatment that resulted from not labelling children; the flexibility and choice of placement inherent in the range or continuum of facilities available; and the ease of movement possible according to changing assessments of needs. The personal or individualized nature of the services was also valued. The personal emphasis meant that 'where there are multiple handicaps the "whole" person is considered'. Some associated the individual approach with smaller classes and New Zealand's small

population. Other qualitative features commented on positively were the allowance for teacher individuality and autonomy of each special school.

Although quality of services was not seen as a topic for comment by many of those noting the trends of the decade, 5 people – all professionals in influential positions – noted broad qualitative developments through the 1970s: administrator: 'steady development of all services for the handicapped'; district senior inspector of schools: 'improved continuity of service from early childhood to adulthood'; advisor on deaf children: 'fastest growing area of the state education system during the last decade'; inspector supervising special education: 'the past decade has been a period of growth and expansion'; district speech therapist: 'all areas of help have improved'.

At a less general level, the following features were noted. The high calibre and adaptability of teachers in special education was commented on: gains in quality were seen to have been made in the period. Improved technology, new techniques and methodologies, and new philosophies had all contributed to the qualitative gains made. Versatility was also said to have been a gain: long-established institutions were more flexible in their functioning; innovations such as resource rooms allowed greater flexibility of provision for individual children in schools; assessment procedures were more detailed; there was greater parental involvement; and the approach to learning difficulties had become more multidisciplinary.

Would services continue to grow in quality? Further development was considered unlikely given prevailing economic constraints, though continuation of existing programmes and policies was thought to be a realistic goal.

The quality of services was of paramount importance for two people, who commented under special interests. One wanted to see a comprehensive national policy for special education – 'schools, home programmes, work training, placement and support'. This would ensure that services were not duplicated and that poor services were eliminated. As well, there was a 'real need for evaluation and monitoring of quality of services by an independent group'. The second respondent saw a prime need for the inspecting, reviewing and improving of established special education facilities using multi-disciplinary teams representing voluntary groups and the Departments of Health, Social Welfare, and Education. Both of these

respondents appeared to be looking towards a system of accreditation of services.

The themes which were identified as points of growth were again flexibility, an individual emphasis, and class size. Even greater flexibility of placement was considered desirable, particularly in response to changes in a child's condition. Increased flexibility for special education facilities to cater for a range of handicaps was sought as well:

> Many special education facilities are developing a more flexible character and are better able to function as centres for a range of difficulties. With support, this could be a promising development – a departure from the rigid approach to authorizing new facilities solely within stricly defined categories.

Several respondents wanted more emphasis on individual programming to meet children's needs. One person expressed the need for programmes that are 'truly dynamic and capable of review, revision and change at any time, depending on the educational progress achieved by the child'. A reduction in class size was seen as a necessary condition for improving the quality of services on two counts: to allow teachers to implement individualized programmes and to provide for more effective integration. Likewise some thought that the teacher-pupil ratio in special classes was still too high for developing individual programmes in those settings.

Teacher Quality

Nearly two-thirds of the comments about the quality of services referred to the qualities or characteristics of teachers, both in general and special education. The dedication of teachers was a common theme and the high calibre of most of them was equally stressed. Teachers' initiative and adaptability were also mentioned, if less frequently. Here are some illustrative comments:

> Good quality teachers. I know there are exceptions but most are *good* teachers.
>
> The dedication of individual teachers to accept the challenge of a disabled child in the classroom.
>
> Teacher dedication. Through experience working with IH children many teachers have become very skilled in teaching methods, even though they have never been trained to teach the Intellectually Handicapped.

> Teacher quality – I think the resourcefulness and adaptability and dedication of our teachers and para-professional staff is a very significant factor.

Services for Particular Handicaps

Instead of detailing what they considered to be the strengths of special education services in general, some respondents focused on particular provisions. The areas most frequently singled out in this way were services for blind and deaf people, experience units in secondary schools, and provisions for handicapped children within the Correspondence School. The resources and expertise of Homai College and the schools for the deaf were seen as strong elements in enabling people with visual and hearing handicaps to live full lives. The work experience schemes were considered just as positively – 'an outstanding caring service', 'the best thing the Education Department has done for the slow learner in New Zealand education' – for the help they provided for moving from school to community and employment. Also strongly commended was the support given to country children by the Correspondence School through its Individual Programme Section and Special Needs Section, described as a 'unique' service. The opportunity for dual enrolment with the Correspondence School was an added strength in providing for handicapped children in rural areas.

Three respondents noted gaps relating to specific provisions. The first concerned provisions for language disordered children. Second was the need for 'a cohesive policy for the provision of residential services for those children who cannot be supported within the normal community/school setting'. The third claimed that little had been done to coordinate work with children with special abilities.

> The responsibility for this area rests with the Director, Special and Advisory Services, but communication is poor and apart from some local areas of interest little appears to have been achieved in the past decade.

Trends were observed for specific groups by 25 respondents. The intellectually handicapped, the hearing impaired and those with educational retardation had most mentions. A further 36 observations (29 percent of mentions) were made by people who had a special

interest in particular groups. Those with hearing impairments, the maladjusted, the mentally backward and children with specific learning disabilities accounted for almost two-thirds of all mentions about specific handicaps. Provision for children with speech handicaps did not emerge as a specific focus, despite the relatively large number of speech therapists included in the sample. However, some comment reflected concern over the quality of speech therapy services (see section on 'Speech Therapists' later in this chapter).

Intellectually Handicapped Children

It was clear from respondents (9 mentions) that provision for intellectually handicapped children, young people, and adults had seen important developments in the decade. Improved educational provisions included lowered staffing ratios and state teaching assistance in Society for the Intellectually Handicapped special care centres (the 'seconded teacher' scheme). In state special schools, on the other hand, a staffing problem was seen: a strict national staffing allocation took no account of 'the differing needs of each school with its vastly varying types of children and their special needs'. It was felt that staffing allocations should vary to allow for especially difficult children. A positive development had been the greater acceptance of severely handicapped children into the regular school system in spite of there being no official policy on their integration. Moderately intellectually handicapped children had been provided for in some instances in specially created classes in regular schools.

It was perceived that there had been changes in attitude to the educability of intellectually handicapped children, partly as a result of the success of structured programmes of teaching and stimulation.

The growth of the Society for the Intellectually Handicapped (SIH), and its ever-widening range of services, came through as a strong trend. The Auckland branch had quadrupled its client population in the preceding 10 years, and more than doubled it in the last four years. The demand for services showed no sign of abating, but the ability of the SIH to meet the demand was severely limited: recruiting and training staff; building, renting or buying suitable premises for preschool, workshop or residential services; and administering an increasingly complex organization, were all impediments to further expansion. Part of the problem was

insufficient money. However, it was suggested that some of the load could be taken from the SIH if the Departments of Health and Education took on more of the services at present provided by the society. For example, one respondent said that the SIH might feel that it could 'safely transfer' its preschool services to the Department of Education if the department made 'a sufficient commitment to special education'. It was expected by the same respondent that the SIH would continue to grow rapidly for 'at least the next five years and in that time be in the vanguard of the most radical initiatives in special education'.

Hearing Impaired Children

For the hearing impaired, total communication was presented as 'the most dramatic movement in deaf education' in New Zealand. Professionals were criticized for having procrastinated for so long over the introduction of the method. One respondent, while describing the withholding of total communication as 'tantamount to educational neglect' was realistic about it in practice:

> Parents do not see total communication as any sort of panacea. There are no such things when raising deaf children. *All* roads are difficult – it is a question of choosing the most appropriate for each child.

There was a strong belief that total communication would continue to be used.[1] Nevertheless, one experienced professional expressed concern that total communication had been introduced without adequate research. Finger spelling was said to be 'a more pure form of communication – more efficient and effective and preferable to total communication'. However, the same observer noted that use of alternative methods (for example, total communication and/or Makaton)[2] had helped improve work with the deaf-blind.

Other trends of significance in the decade included the move to provide two hearing aids to children who needed them, the

1 The reader is reminded that the information was gathered in 1982. Total communication is now commonly used with deaf children.
2 Makaton is a simple sign language devised specifically for use by intellectually handicapped persons.

introduction of radio hearing aids and other sophisticated technological advances, concessions for students sitting the School Certificate Examination, improved methods in the detection of hearing impairment, and the introduction of innovative therapies (music and speech).

The association of Van Asch College with the Christchurch Polytechnic was styled as 'the most exciting and interesting development in the education of the deaf in the last 6 to 8 years'. Many hearing impaired students had successfully undertaken block courses in a wide range of subjects and gone on to full-time employment. The success of the scheme, it was suggested, was most likely due to the presence at the polytechnic of a senior teacher from Van Asch College, whose job it was to help the hearing impaired students with 'courses, timetables, communication, teaching, counselling and liaison with staff'.

One person thought that the best could not be achieved for the hearing impaired, or other special groups, unless a special advisory team, answerable to the Minister, was set up. It would include the principals of the schools for the deaf, teachers, advisers, teachers college people, deaf adults and parents; it would be chaired by the Director of Special and Advisory Services. Another respondent – a parent of a deaf youngster – considered that the greatest hindrance to fully effective education for hearing impaired children is the tendency for 'educators and other professionals' to regard them as low achievers rather than children with communication difficulties.

Behaviourally and Socially Maladjusted Children

No clear, positive trend was shown for behaviourally and socially maladjusted children. It was claimed that they were less well provided for than other groups of children with special needs. Staffing was said to be inadequate and the objectives of education programmes were seen as ill defined.

Services for maladjusted children were commented on by 6 respondents with a special interest in the area. One comprehensive statement contrasted provision for hearing impaired children with that for maladjusted children.

> Services for the deaf . . . a network which responds to the handicapped child as soon as he is identified . . . highly trained resource staff . . . flexibility dictated by the child's need and a consistent overview process . . . a system which supports teachers away from the base school, as well as the parents and the child . . . parents of deaf children welded into a strong politically sensitive group.
>
> For the maladjusted child and parents, and for the majority of teachers in units attached to mainstream schools, almost the opposite set of circumstances exists. The services available are fragmented, not accountable, and basically 'hit and miss'.

Further, resources were said to be lacking, communication between agencies was described as poor, there was a lack of appropriate teacher training and support, and planning was claimed to be inadequate. There was another impediment also: lack of 'a pressure group with sufficient clout to motivate the Government to improve resources'. The chief concern, expressed by the same person, was that children earlier identified as 'difficult' were too often 'contained', with few therapeutic gains, for a few years until around the age of 10 or 11 when 'panic promoted a move to provide special treatment in the form of a special school'. The recommendation was that a child should be referred to 'the next agency in the chain with greater resources – for example, a special school for the maladjusted', if there had been no response in 3 or 4 school terms.

Need for skilled help early in the school years was affirmed by one person who wrote of pilot programmes already underway

> to assist teachers to identify more easily cases of maladjustment and disturbance, to train resource teachers to assist children and teachers to rectify problems as early as possible, and in the situations in which they are manifesting themselves, by supplying advice and support in mounting individualized behavioural and learning programmes.

Emotional disturbance arising from family breakup was said by two respondents to be on the increase. One proposal to help handle the problem was for visiting teachers to be appointed to a local area to serve a cluster comprising secondary school, intermediate school, and contributing schools. Such an administrative arrangement would allow more time for involvement and follow-up. Provision for maladjusted and disruptive youngsters of secondary school age was considered a priority by one observer, who envisaged more residential and non-residential facilities. Another person noted the

problems associated with activity centres for disruptive secondary school students. There was clearly much to be learned and decided, about how best to provide for secondary school students who, for whatever reasons, did not adapt to the school system.

One person, an administrator, expressed concern about abused and maltreated children. Guidelines to assist teachers in the recognition of symptoms of abuse and the conducting of discreet investigations were being prepared.

Provision for delinquent children (2 mentions) was considered by one respondent to be in need of examination. Without a review of Social Welfare institutions, education within them could not be fully effective. There was seen to be 'a tremendous need among delinquents for further education and re-education'. Only teachers with skills in 'remedial work, counselling, human development, creative art and craft work and so on' should be employed. A second observer registered concern at the large number of Maori and Pacific Island children and young people to be found in institutions for the delinquent. Many of these young people needed sophisticated and specialized teaching, but it was frequently not available; nor were there staff with the cultural background to understand the needs of Maoris and Pacific Islanders.

Educationally Retarded Children

Provision for those who are educationally retarded had improved during the decade according to 5 respondents. In the early stages of schooling, when the assessment of learning difficulties is so tentative, assessment classes for 5- to 7-year-olds had proved a successful innovation. Seen by some as an extension of the early intervention programme, these classes allowed time for relatively unhurried assessment and better subsequent educational placement.

Language disordered children. More effective help for those with problems in language had been an important trend. This was reflected in

> the adoption of total communication techniques for the deaf and intellectually handicapped; a beginning in provisions for language disordered children, such as aphasics; recognition of children with special reading difficulties and provision of a wide range of resources.

Children with reading problems. The early detection and amelioration of reading failure through the Reading Recovery programme was noted as a further development. It was thought that it would continue but that cost would prohibit its implementation throughout the country. One person thought that, whether the scheme continued or not, there was an urgent need to make specialist trained teachers available to all children who fail to learn to read adequately. This help would need to be given 'in a regular systematic way until the child is reading well'. Allied with this, there was a need to lower ratios in infant classes (5 to 8 years) to 1:16 or 1:20 in an attempt to avoid much early failure.

There were 5 further comments from people with a special interest in educational retardation. For children with specific learning difficulties, needed developments included 'a great many more qualified people in the field' to help teachers and parents with individual teaching programmes. One respondent thought children with specific learning problems were not adequately provided for. In-service courses were a definite need; so, also, were thorough assessment procedures which would evaluate not only the child but also the child's environment and his or her teaching programme. Assessment was seen as poor for children with perceptual disorders, 'especially those with visual and auditory perceptual problems'.

Physically Handicapped Children

For the physically handicapped (3 mentions), in addition to acceptance of their right to education in the 'least restrictive environment', there had emerged a willingness on the part of the education authorities to modify existing school buildings for proper access and to design 'access' schools where new schools were being built. There were two comments from people with a special interest in the education of physically handicapped children. One noted that the Department of Education had not taken seriously the potential of the *Blissymbol*[3] system of communication for use with physically handicapped people; the other thought that much could be learned

3 The *Blissymbol* system of communication is explained and discussed further under 'Curriculum and Teaching Methods' in Chapter 6.

about preparing teachers and parents for the integration of children with spina bifida into regular classrooms.

Backward Children

The only trend noted in the education of backward children was of the steady fall in the rolls of special classes for backward children. The effect of this fall was to lower class sizes in some instances and to close classes in others. There were other comments by 5 people with special interest in the education of backward children; these people all thought provision was wanting in a number of ways. One experienced teacher argued that there should be greater continuity of provision for backward children in local areas. For example, in some places where there were units in primary and secondary schools, there should also be units at intermediate level. And rolls in those units should be smaller, down from the current 1:18 to a 'realistic 1:7 as for deaf units'.

There was disappointment expressed by one respondent – a parent – at the lack of specialist support and services available to special class teachers.

> The end result is that in many cases total development of the handicapped child is not even explored let alone developed. For example, much is said about leisure and recreational pursuits for the handicapped. If anything is to be achieved, an early start must be made in areas such as art and craft, music, recreational games and various individual pursuits (skating, skate-boarding, dancing . . .). These activities are often left to small groups which only touch a few children.

A further lack, especially relevant at the point of school leaving was a shortage of after care organizations which would help youngsters to make the transition to further education, work and the ups and downs of daily living. But perhaps the most telling deficiency was that of effective, 'highly motivated parent pressure organizations'. Backward children, often from deprived home backgrounds, needed 'much greater public support' if they were to succeed both at school and beyond.

Visually Impaired Children

Some particular points were raised about the visually impaired by

3 people with a special interest in the area. A seasoned specialist spoke of the need for realistic standards in the assessment of visually impaired students. Teachers in ordinary schools tended to be unrealistically optimistic in their assessments, while specialist teachers tended to be conservative. Consequently, students were sometimes not given sufficient support in regular schools while too little was asked of them in segregated settings.

With the integration of visually impaired students there is, according to one respondent, a need to extend the training of teachers of the visually impaired in orientation and mobility – 'fundamental to the successful integration of the totally blind and the seriously visually impaired child'. The same person saw the role of Homai College in the education of the visually impaired as needing examination. With integration, a new support function had been added to the long-established teaching role of the institution.

A blind student, who had been at Homai College until Form II, at an intermediate school in her Form II year, and at a girls' school for her secondary schooling, put special education in perspective:

> To me, my education is not special because the methods I use (braille, typing, tapes, etc.) are the only ones I know.

Gifted Children

There was no trend noted relating to gifted children, but two people stated that more attention should be given to their needs.

> There will never be sufficient resources to satisfy everyone. If we put into educating our severely gifted children even a small percentage of the funds used for educating our severely retarded or physically handicapped children, we would be assisting another neglected group to make the best use of their potential. On a cost-benefit basis this should be a priority.

Children with Multiple Handicaps

No positive trend concerning children with multiple handicaps was identified, but 2 respondents expressed concern about the poor provision for this group. For example, one respondent thought that the relative responsibilities of the Departments of Health, Social Welfare, and Education were not clearly defined. As a result,

provision was fragmented. Further, it was claimed that the Department of Education was not 'well prepared to help, and unless something is done fast, age 8-9 is too late for work to start'. It was claimed that valuable time was being lost for individual children because responsibilities had not been accepted.

Guidance and Support Services

Guidance and support services were ranked fourth in frequency of comment under 'Strengths'. The largest group of comments simply affirmed the strength deriving from the provision of these services, with an emphasis by half on the value of the Department of Education Psychological Service. A second set of comments about the quality of work referred solely to the Psychological Service – to the high quality and breadth of its work, especially since the service was upgraded. Other comments listed some of the valued functions that were carried out by psychologists and others in the specialist services. These included providing a trained approach to the assessment and management of handicapped children, helping teachers and parents in analysing children's learning problems, and counselling teachers, parents, and pupils. A strength mentioned by a student respondent was the help given to her and her teachers, 'who had never taught blind students before', by the staff of a visual resource centre.

There was some support for the expansion of services, in particular, for the appointment of itinerant advisers, who would help parents and younger teachers and coordinate programmes for handicapped children. But more support was given to a change of role for specialist staff, to greater use of them as resource people. This emphasis, stemming largely from the needs of teachers in integrating classes, was envisaged as a rational and economic use of expertise, which might also result in innovative approaches. It was suggested that psychologists should increase the level of their involvement with the families of young children with special needs, in line with the importance being attached to early intervention programmes.

Access for schools to trained specialist personnel for children with learning or behavioural difficulties (Policy Objective 17) was considered a very desirable aim by 90 percent of the respondents,

and 40 percent thought this had already been achieved. For most, the appointment of more psychologists was the key to accessibility.

Psychologists

Accounting for 12 percent of the mentions under 'Trends', the development of guidance and support services was seen as the second most important trend of the decade behind integration. The Psychological Service of the Department of Education was the predominant service named, being singled out by half of those commenting on guidance and support services.

> There has been a sensible expansion of the Psychological Service. This expansion has contributed enormously to identification of needs, development of programmes, introduction of research based ideas and evaluation of special education.

The contribution of the psychologist to continuing education for teachers was also highlighted.

The service still needed to grow, it was claimed, particularly with the developing emphasis on the consultation and preventive roles of the psychologist. In addition, even though there had been improvements in the geographical distribution of the service, it was said that staffing was still not 'maintained at a level to provide adequate support for all children with special needs'. One teacher commented that, in the country area where she taught, the psychologist might visit only once or twice a term.

One psychologist said the impact of the psychologist was not fully understood or appreciated. On the other hand, a teacher respondent, not satisfied with feedback from psychologists, wanted advice to be based on classroom observation of children rather than on standardized tests. The same person also criticized the training of psychologists because of the 'uneven development of training courses', and noted 'the failure at university level to develop a major special education centre of excellence'.

Visiting Teachers

Visiting teachers were said to have increased in numbers during the period. In the South Auckland Education Board, numbers had

reputedly doubled; in other areas, increases were perceived as 'slight'. Expansion of the visiting teacher service in rural areas was advocated in order to emphasize 'prevention rather than later cures'. It was hoped that the general trend towards the appointment of more visiting teachers would continue as visiting teachers could often 'identify learning or social problems and refer children on for special education help.'

Advisers for Hearing Handicapped Children

Comment on the growth of the advisory services for hearing handicapped children appeared contradictory. One commentator, from a national organization (though not an organization for the hearing impaired), thought the failure of the advisory services to grow was a definite trend. Another person, from a national organization to do with the hearing impaired, applauded the growth in the number of advisers in the preceding few years, while regretting that a realistic ratio had not been set: there were 150 children to 1 adviser, but an appropriate ratio was said to be 50:1. The hearing impaired children from the 1964/65 rubella epidemic had been poorly served, it was claimed, with a ratio of 200-250:1. The growth of the service was recognized by 3 other respondents, one of whom – a parent – hoped for further expansion. A senior educator of the deaf noted how the two schools for deaf children had assumed an extended role in the period with the provision of a range of educational options and support services:

> These have included the development of itinerant resource teachers, tutors, increased advisory services serving children from preschool through to tertiary level. This provision for the hearing impaired has been well established and should provide the basis for extended service to other areas of need.

Guidance Counsellors

Improvement in the support system in secondary schools with the appointment of guidance counsellors and the establishment of guidance networks was seen as a significant trend.

Resource Teachers of Reading

Resource teachers of reading emerged in the decade, largely replacing reading clinic teachers and itinerant reading teachers. The result was 'a more unified approach to meeting the needs of children (7 years to 12 years plus) with hard-core reading difficulties'.

Speech Therapists

Speech therapists were singled out under 'Trends', but not because of significant developments. One respondent commented on the 'failure of speech therapy to move away from a poor model of pseudo-teachers and the need to develop proper speech pathology and communication-type training courses for speech therapists'. Other comments were made by speech therapists themselves (4 mentions), because of their special interest in speech therapy. Because speech therapists were not coping with the demand for therapy on a one-to-one basis, a proposed change in their mode of functioning was suggested by a senior person in the service. Research, it was claimed, had established that the most effective therapy took place when speech therapists worked with parents and teachers to assess and diagnose disorders, and plan treatment, but the programme was then implemented by parents and teachers with the speech therapist as consultant. The proposal for therapists to act as consultants in this way had met resistance from therapists, parents, and teachers. Nevertheless, the change was considered desirable.

> I would see a re-thinking of the role of speech/language therapists who are well trained experts in the field of speech/language disorders and communication problems. These therapists would then work as resource consultants and undertake clinical work only with those who cannot be assisted in any other way.

Additional speech therapists would still be needed, according to another therapist, to provide more individual therapy for intellectually handicapped children, special class children, and those with physical handicaps. A third therapist considered that the management of the speech therapy service should be reviewed to see where it fitted into special education as a whole. Finally, changes in speech therapy training were considered urgent if the service was

to keep abreast of international growth (see Chapter 5 for further discussion of this issue).

Inspectors Supervising Special Education

Concern was expressed at the tendency for special education inspectors to become increasingly committed to administration and grading duties. This was said to result in the loss of a valuable source of knowledge and support for teachers.

Summary

This chapter examined the structure, provision, and quality of special educational services, reported opinion and comment on provisions relating to particular handicaps, and summarized observations on guidance and support services. Although the amalgam of comment from the four sections on strengths, growing points, trends, and special interests was sometimes idiosyncratic and occasionally contradictory, there were also a number of consistent themes.

On balance, services were seen as comprehensive, diverse, and flexible. National coverage was thought to be good, which meant that services tended to be accessible. The centralized control which had facilitated sound national development was seen by some as a constraint on local initiatives: there needed to be more devolution of decision making. As well, a representative National Advisory Committee on Special Education was needed to coordinate the efforts of government departments, voluntary organizations, and other interested agencies and individuals. To ensure quality of services, it was argued that multidisciplinary teams should be used for independent monitoring of services.

Resources, both material and human, were clearly identified as the key to sound provision. But neither material nor human resources were regarded as yet adequate. While there had been substantial gains in the preceding years, there was still a lot to be achieved: regional resource centres with specialized equipment and a dissemination function, for example, were advocated. Successful integration of children with special needs into ordinary classes was

dependent on the ready availability of appropriate equipment and technology; it also relied on the number and quality of staff. Resource teachers, itinerant teachers, teachers' aides, care staff, therapists, and advisers were only some of the professionals whose ready availability was regarded as essential for all forms of provision, but particularly for integration. The role of the specialized institution as a resource base from which support staff could move into schools, homes, and the community had taken hold. The changed role was most developed in the residential institutions for the hearing impaired and the visually impaired.

Services for particular handicaps were seen to vary in scope and quality. Provision for the hearing impaired was taken as a comprehensive model to which other groups could aspire. The behaviourally maladjusted and the mentally backward were two groups considered to need services of the kind available to the hearing impaired. Both lacked well organized pressure groups. Other groups thought to have a particular need include the severely intellectually handicapped, whose right to education within the state system had not yet been adopted in practice by the Government, and children with specific learning difficulties. The provision at Christchurch Polytechnic for hearing impaired students from Van Asch College was suggested as an appropriate initiative for wider application in other regions and among other disability groups.

Guidance and support services were regarded as a strength. The expansion of the Psychological Service of the Department of Education was described as one of the more important trends of the decade. The Psychological Service and other specialist services, including speech therapy and resource teachers of reading, were working less on a one-to-one basis and assuming a much greater resource role than previously. The needs of teachers in integrated classes strongly supported this change of emphasis.

5 Teachers in Special Education

It was evident from responses to the questionnaire that teacher education and training was an issue of considerable concern to those involved in special education. Statements on the theme made up a significant body of comment under all categories, with the largest proportion under Strengths, followed by Comment under Growing Points, Interests, and Trends in that order. This chapter summarizes comment on full-time specialist training, pre-service teacher training, continuing education and training needs. It also reports findings on programmes of training and career opportunities for teachers in special education.

Teacher Education

Specialist Teacher Training

The provision of full-time one-year training courses in Education of the Handicapped was the strength most clearly highlighted. This form of training also came through as a major trend of the decade. Just over half the mentions under Strengths referred to the value of the courses run at Auckland and Christchurch Teachers Colleges for teachers working in special education or intending to do so. While it was acknowledged that full-time training for specialists, such as speech therapists and teachers of deaf children, had been available for some time, recognition of the need for all teachers of handicapped children to be trained, although overdue, was a major advance. These courses were considered highly desirable, not only because of the training gaps that existed, but also for their important impact on the quality of education provided.

During this time small courses have commenced at two teachers colleges

> graduating 35-40 teachers of the handicapped each year. I am confident this provision will be expanded in time because I sense that those in leadership positions have realized that *quality* special education requires such training.

It was recognized that many teachers in special classes for backward children were not well prepared for their positions. Similarly, it was noted that, although one-year full-time courses in Auckland and Christchurch in education of handicapped children catered for teachers of intellectually handicapped children, these courses were not accessible to many teachers outside the two main centres.[1] Even so, there was a nucleus of excellent staff, owing to the 'dedication, in-service courses, and just plain experience at the workface'.

A third, and possibly a fourth, teachers college course was recommended 'to train the large numbers of people required, especially the large force of potential school based resource teachers'.[2] Some people anticipated a reduction in student numbers in the one-year training courses because of government financial constraints. The general feeling, though, was that specialist training having been started would continue.

Pre-Service Teacher Training

This area of training appeared as one clearly in need of strengthening, in spite of the opinion of one respondent who noted 'an increasing emphasis on special education modules in basic teacher training courses'. Such an emphasis may have been more apparent than real as the following comment by a teachers college principal suggests:

> Tremendous progress has been made in the pre-service and in-service training of general and specialist teachers, but there are many shortcomings. While we try to make all trainees aware of the needs of the handicapped in the school, and in the workforce, the competition for the limited time available, and the stated priorities for other material, leave little time to do the job properly.

The need for pre-service training in the area of children with special needs is discussed further under 'Training Needs' below.

---

1. The separate establishment, at Auckland and Christchurch Teachers Colleges, of two 1-year full-time courses for direct service staff has also been approved since the survey.
2. A third course in Education of the Handicapped, catering for 30 teachers began at Palmerston North Teachers College in 1986.

Continuing Education

Training opportunities provided by in-service courses, correspondence or extramural study courses, and the residential courses of the Department of Education, were supported. An increase in the range of extramural and part-time study opportunities was noted, for example, the papers that are available through the Advanced Studies for Teachers Unit (ASTU) and the BEd course at Massey University, and through continuing education courses at some teachers colleges. The ASTU unit of study on teaching children with educational handicaps was said to be particularly influential:

> The effect of this programme on the work in the schools is greater than would be indicated by the number of teachers taking the course. Many of the teachers in leadership positions have taken the course and knowledge and skills have spread through the system.

However, the dissemination of knowledge through the system was judged to be far too slow, and concern was expressed as to how skills and knowledge gained by specialist teachers could be spread among other teachers. One person considered that, although a start had been made on 'post-graduate' training for teachers in special education, the influence nationally had been slight. According to another respondent, the Department of Education's residential courses had raised the level of skills for teachers in special education, despite a reduction in the duration and frequency of such courses.

The desirability of adequate in-service programmes being available for teachers of children with special needs was endorsed as a policy objective (number 19) by 90 percent of the respondents, but, at the time of the survey, attitudes towards achieving this goal tended to be pessimistic because of cutbacks in in-service training. Two-fifths considered the objective would be realized in the next decade. In-service courses were viewed as 'essential' for keeping up with developments and for exchanging ideas; they were also regarded as a cost-efficient way of improving special education services.

Training Needs

The need for regular teachers to be well informed about children with special needs was mentioned more frequently than any other training

need. Here again the impetus of integration was apparent: teachers needed to be aware of how to identify these children and where to refer for help. Further, there was a need for appropriate training for classroom teachers in working with 'integrated children'.

> Further training of regular teachers in the identification of the atypical child and in how to deal with various handicaps is very important when more and more atypical children are being, and going to be, educated in the regular classroom.

A greater emphasis was advocated on special needs and services within teachers college courses, possibly through a compulsory section in special education. A small number of respondents expressed the feeling that more on-the-job training needs to be done for teachers presently working in special education schools and classes. One commented:

> Teachers need the security of knowing that the programmes they are currently left to devise for themselves are acceptable and relevant.

Being isolated from colleagues, having too few opportunities for relief, and being ill informed about new developments in special education were all cited as ways in which teachers in special education felt at a disadvantage. Enhanced opportunities for continuing education would help to overcome the problems.

> Having spent many years teaching the physically handicapped I am concerned with the little contact we have with teachers from other areas of special education. That is on an official level – refresher courses, etc.
>
> In-service courses – teacher release days needed. Where the special education classes are units in regular schools, relievers should be readily available and paid for by a special education grant.
>
> Lack of on-going staff training for those who are unable to attend the one-year course in Christchurch or Auckland. New developments are only known to staff by chance. This is detrimental to the children in special schools.

One person stressed the need for more recognition that specialist training is necessary for teaching in special education and suggested that training should culminate in a one-year internship in the selected area of special need. An example given was the need for specialized teacher training for teachers of blind and partially sighted children.[1]

[1] A training course for teachers of visually handicapped children was established at Auckland College of Education in 1984, and presently takes 3 or 4 people a year.

Four respondents expressed the view that senior administrators, such as education officers and inspectors with responsibility for special education, required professional training in special education as well. One said:

> All too often an inspector supervising special education is appointed who has a limited knowledge of special education. The experience then becomes a learning one for him as he feeds off those he should be feeding.

Interestingly, only one person mentioned the need for training for ancillary staff involved in helping handicapped children. In one comment, the more extensive training opportunities for teachers of the handicapped in the main centres were contrasted with those for teachers in provinces, such as Southland and the East Coast.

More emphasis on training for teaching children who are intellectually handicapped was the second training need identified. It was noted that the intellectually handicapped represent one of the largest groups of handicapped children. Yet as one respondent pointed out:

> At present a teacher who has had no contact with the intellectually handicapped previously, but just wants to give it a go or meet a new challenge, can be appointed to a special school.

Reference was made to the new demands made on teachers in the education of the intellectually handicapped. Whereas in previous times the expectations on these teachers and other care givers may have been lower, today the teacher has to be skilled in 'the use of developmental schedules, assessment and evaluation procedures, precision teaching techniques, task analysis, charting, and parent involvement and counselling'. Accordingly, a post-graduate course specializing in the field of intellectual handicap was warranted.

Speech therapy training, which was singled out for mention by some authoritative observers, was said to 'require major revision, particularly to bring it up to overseas standards'. The slowness with which the recommendations of the 1975 working party on the education and training of speech therapists (McKerracher, 1976) were being implemented was a matter for criticism.[4]

4 A 4-year degree training course in speech and language therapy began at Christchurch Teachers College and Canterbury University in 1986.

Two respondents thought more attention should be given to helping teachers acquire the necessary skills for involving parents in the education of their handicapped children.

Programmes of Training

The nature and content of training programmes received little mention compared with comments on overall training needs. Strength was attributed to the professional orientation of training programmes and contrasted with the academic approach adopted in some countries. But some criticism was levelled at the requirements for students taking the Education of the Handicapped Course at Auckland and Christchurch Teachers Colleges. In particular, it was thought that trainees tended to specialize in one area of handicap, thus limiting subsequent placement and the ability to handle 'the many problems they are faced with'. It was argued by one respondent that staff training programmes, like school curricula, should 'transcend discipline, service and agency boundaries', whereas, in the area of intellectual handicap at least, it was predominantly concerned with 'the institutionalization of staff and the preservation of job boundaries'. The argument continued:

> Staff training must start with the recognition of those who have skills, whatever their qualifications and wherever they teach. Such staff are the models for system development, leaders in group training seminars and the positive forces for change. . . . Curriculum structure, assessment and evaluation must be the bedrock of training programmes as it is through these three things that staff can develop the data base through which they can perceive needs and hasten the system development that will meet these needs.

Career Structure

As noted in Chapter 4, lack of career structure was the concern expressed most often about conditions of service. Although concern could apply to ancillary staff, as well as to teachers, most comment was directed to teachers. There were a number of issues.

In the first place, good people were lost from special education at the time when they had become most skilled:

> The loss of personnel (due to lack of promotion) very often concerns many members of the teaching profession – skilled people move on because of the few opportunities for advancement to senior posts.

Secondly, some were frustrated because promotion possibilities were few and they felt hemmed in:

> They are as a rule very dedicated and caring people. It is unfortunate that too many of them feel locked in by their specialization and denied advancement into wider areas.

Two ways of resolving the dilemma were suggested. Making it easier for special education teachers to transfer to general teaching was seen as one possibility: the proposal was that there would be right of appointment to a general teaching post after a given period of special education service. The other resolution suggested was the creation of 'a separate special education service, governing grading, staffing, salaries, etc., in all special education areas'.

The second proposition would help to resolve another problem – the difference between salaries in the primary and secondary services. One respondent pointed out that a teacher in a secondary school experience class, even though primary trained, is paid at a much higher rate than his or her primary counterpart teaching in a special class. On the other hand, teachers of secondary school age children in residential institutions such as Campbell Park and Salisbury, are 'generally classified as primary teachers' and are paid accordingly.

The issue of improved qualifications was obviously linked to arguments for a better career structure. Respondents acknowledged the desirability of specialist training for teachers in special education. At the same time it was recognized that there were teachers in the service with lesser qualifications – some not certificated – whose positions should be safeguarded.

Summary

This chapter confirmed the high value placed on training for teachers in special education. The introduction of one-year full-time courses in Auckland and Christchurch was seen both as an achievement and as a strength. It was considered that additional courses would be

needed in the future, especially with an anticipated need for school-based resource teachers (see Footnote 2 above). In the meantime, although economic times were tough, continuation of the existing courses was thought probable.

Support for continuing education in its various forms was strong. In-service courses for teachers of children with special needs, and for regular teachers with handicapped children in their classes, were considered essential. Participation in such courses enabled teachers to keep abreast of new developments and to exchange ideas.

The need for ordinary class teachers to be well informed about children with special needs was frequently expressed. Although the same level of concern was not applied to student teachers in training, there was advocacy for a compulsory section on special education in pre-service training. Finding time in the colleges for such a course was a problem.

The need for training for professionals involved in the administration of special education, and for ancillary staff, was mentioned by a few respondents. Teachers of intellectually handicapped children were considered a priority group for full-time specialist training. Helping teachers learn how to involve parents in the education of their children was a perceived need.

The available programmes of training were considered to be appropriately professional in emphasis, rather than overly academic. Some respondents thought that trainees on the Auckland and Christchurch courses tended to over-specialize, leading to less flexibility in day-to-day decision making and fewer possibilities for professional advancement.

The lack of career structure for teachers in special education was an important issue. Proposals were advanced for a separate special education service, which would open up career opportunities and overcome problems associated with primary and secondary salary differentials. The establishment of a structure for teachers who wished to transfer from special education to general teaching was also proposed.

6 Further Issues

In addition to the results presented in previous chapters, the survey identified a number of other issues: assessment and intervention, curriculum and teaching methods, transition, parent education, evaluation and innovation, research, legislation, coordination, and funding. The findings related to each of these 9 issues are discussed in turn below.

Assessment and Intervention

A ranking of third on the scale of growing points indicates the importance that respondents attached to this issue. While the value of individual assessment for suitable placement had been recognized for some time, it seems that the trend towards precision teaching underlined the need for careful and detailed assessments. The timing and nature of assessment and intervention were the two aspects mentioned most frequently.

Early Intervention

The weight of comment supported the growing emphasis over the previous 10 years on the early identification and assessment of children at risk, and the setting up of preschool special needs units and early intervention programmes. Positive trends in this direction in infancy, at the preschool stage, and in the beginning school years were referred to by 21 percent of respondents.

Early Intervention Programmes

The responses showed that the early intervention programmes of

the preceding five years had exercised 'a considerable influence on special education in New Zealand', but that they needed to be more widely available. The programmes included

> Pamela Cunningham's Down's Syndrome Programme in Christchurch, Liz Straton's Dawn Start Programme in Wellington, David Mitchell's PATH project in Hamilton, Nirbhay Singh's Early Intervention Programme in Auckland, and the programme run by Auckland's IHC Pre-school services.

It was envisaged that in the next decade the concepts underlying early intervention programmes would be seen 'not only in early interventions, but in middle and late intervention as well'. These concepts had particular meaning when applied to primary school children experiencing difficulty with reading. It was considered important that 'the early detection of reading failure . . . should continue, as there is considerable public concern in addition to professional concern about senior children and young people who can't read properly'. The principle of intervention at the end of the child's first year at school was seen as relevant further up the school also.

> Early intervention has been evident as a trend in the decade. The work of Marie Clay in the reading field, six year nets, etc., has identified children with learning problems. This has an effect on special education and will continue. I believe there should be other checkpoints at regular intervals to identify children who are failing. Girls, in particular, are not identified in current practice as their behaviour is less overt.

There was also some comment on the trend to the early detection of emotional problems, with a link drawn between that trend and the development of assessment classes and adjustment classes.

Support for Parents and Preschool Children

Provision of educational support to parents and preschool children was confirmed as a strength which required further development. For some sectors, preschool facilities were said to be limited, apart from those provided by the Crippled Children Society or the Society for the Intellectually Handicapped. One person suggested the need for a more integrated approach, using professional advocates to prepare parents and teachers before the child started school, thus

easing the transition. A respondent with considerable expertise in involving parents in the education of their young handicapped children stated the following as a prime recommendation:

> That comprehensive, state-funded early intervention programmes for handicapped and at-risk infants and preschool children be developed.

Such programmes should include the following features:

1. Parent involvement in planning and implementing programmes;
2. An emphasis upon home-based programmes;
3. A significant input from personnel with educational and/or psychological training, as well as from physiotherapy, speech therapy and medical areas;
4. Individualized work with families, especially in the first three years of a child's life;
5. Group work in integrated settings for families with children over 30-36 months of age;
6. Consideration of differing cultural backgrounds of the families;
7. Full cognizance of the current services being provided by visiting therapists, voluntary societies, the Psychological Service of the Department of Education and the Special Needs Section of the Correspondence School.

Another respondent argued for the 'rapid development' of early intervention services at the preschool level.

Respondents were optimistic that the trend for early intervention would continue, though shortage of finance would dictate slower growth.

Assessment

While early intervention was applauded, the need to be tentative about diagnosis was suggested:

> The growing pressure from preschool educators for early intervention will continue but I believe our screening, testing, and 'labelling' procedures need much more refining if they are to act as the bases for educational programmes.

Comments tended to emphasize the need for appropriate education and treatment based on an assessment of the child's needs rather than on a fixed diagnosis. Intervention would therefore be tentative and assessment on-going.

> In some cases, there is a real difficulty in making a positive diagnosis at an early age. A longitudinal profile is preferable to a first assessment.

Multidisciplinary Approach

Several comments indicated that professionals have become increasingly sensitive to the value of working together in the assessment and guidance of handicapped children. Also, initiatives by the Department of Education and voluntary agencies in providing multidisciplinary seminars had fostered the move towards a team approach. But a coherent pattern of multidisciplinary assessment needed to be developed, particularly for preschool, and multi-handicapped, children. The establishment of assessment centres was suggested, despite recognition of the financial constraints:

> Expensive but highly desirable would be the setting up of 'assessment' centres throughout New Zealand with a range of expertise in one place to ensure thorough assessment. (Avoids shunting clients around to various experts.) While we already have the experts this notion would see that they are adequately harnessed.

The need for better liaison was mentioned: 'Too often a child has been seen by a variety of "specialists" with too little understanding of each other's role.' Further, it was noted that multidisciplinary diagnosis and remediation were not available in some areas, or only incompletely so; some areas depended on informal contact. Emphasis was given to individual programmes being drawn up in consultation ('full and frank') with the range of people concerned – parent, teacher, therapist, psychologist, doctor, and the child, if possible.

Procedures for Assessment

Two comments on procedures pointed out the strength of the open referral system. Being able to have direct contact with a speech clinic and not having 'to go through a too bureaucratic system' were the specific features commended.

Assessment for Specific Handicaps

Three respondents saw strength in the greater attention being given

to identifying children with specific learning difficulties. The implementation of programmes to assist such children at all levels was also supported.

Assessment Classes

The provision of assessment classes for children at the early stages of schooling was considered a definite area for growth by the four who remarked on it. The present classes for 5- to 7-year-olds were valued for a variety of reasons: they facilitated decisions on suitable placement, they helped to improve children's self-esteem ('basic to any on-going learning'), and they enabled close guidance to foster progress. As one respondent explained:

> Many of these children are unable to cope with the larger numbers of a J1 classroom, but adjust more quickly and progress as a result of longer periods of individual attention.

Another urged priority for the establishment of additional assessment classes, remarking:

> The lack of provision for 5- to 7-year-olds was noted by Barney in 1972 and Wilton in 1978 – years later the situation generally has not changed.

Curriculum and Teaching Methods

Positive comment about the curriculum of special education services reflected the qualities already highlighted under the general quality of services, that is, flexibility and individual emphasis. It was noted, for example, that the less prescriptive approach, of providing basic guidelines only, gave flexibility and allowed teachers individuality in developing programmes. Hence, programmes could be designed to fit the needs of individual children and to encourage 'the best performance an individual's ability allowed'. The variety of individual programmes now available and the coordinated development of speech and language programmes were mentioned as particular strengths. Other strong features of curriculum development included the use and development of technological aids, development of the data based precision teaching model, and the role taken by people undertaking training in special education at teachers colleges in

promoting contemporary programme development. Also commended were the initiatives of the Society for the Intellectually Handicapped in developing curricula, such as the Developmental Age-Referenced Breakdown of Assessment Schedules (DARBAS) and the Functional Assessment of Skills for Training (FAST).

Curriculum Needs

The consensus was that there needed to be more emphasis on curriculum in special education. The needs ranged across clarifying the objectives of current programmes, developing curricula for particular groups (Maori children, mildly retarded children, children with learning problems, children in special schools), and relating curricula more closely to community and employment to give relevance for older students. Two people thought there should be an increased focus on training in social skills. One commented:

> The sooner a consistent, structured 'Life Skills' communication programme is introduced into the F1-F5 curriculum the better. The well-adjusted youngster will not suffer greatly from experiencing the programme with those for whom it was designed.

Other comments stressed the need for secondary schools to examine the relevance of their programmes for slow learners, but also for many non-academic students. It was suggested that secondary teachers needed to be better informed in the reading and language area and in appropriate methods of assessment. Curriculum outcomes in the form of alternative qualifications were considered important by one respondent, who suggested that practical language skills, agricultural, administrative, and industrial pursuits should qualify for local diplomas akin to the local mathematics diplomas that are gaining acceptance.

Another gap identified was the development of curriculum resources for teachers, including information material, handbooks, and suggested teaching programmes. Some progress had been made on suitable publications but the work required more time and staff.

Policy

Policy Objective 4, that curricula should provide for the full

development of handicapped students as persons, was supported by 90 percent of the sample and was expected to be achieved by 38 percent within the next decade. A slightly higher proportion (41 percent) saw it as a long-term objective. Respondents reported some progress towards this goal, but one or two expressed reservations about the inclusion of programmes related to sexual development. Government policy at the time of the survey was seen as the main impediment to the teaching of sexual development as part of courses in human relationships, but attitudes of some teachers were also said to hinder the introduction of programmes in this area.

Teaching Methods

Improvements or developments in teaching methods and organization accounted for two-fifths of the comments categorized as curriculum growing points. One person wanted a more open approach to techniques and methods of working with children, arguing that 'what works' is the best reason for choice of approach. But, generally, the comment favoured extension of prescriptive teaching methods, particularly the precision teaching techniques based on detailed analysis.

Precision Teaching

A number of people said precision teaching, advocated and advanced by the Psychological Service, had made a significant impact. Individual programmes based on task analysis, small step teaching, careful recording and a system of rewards had made teaching 'success oriented'. Use of the method gave children a feeling of achievement, and parents gained satisfaction from helping to design and teach programmes for their children. Precision teaching had not been adopted as a panacea: 'the movement toward data based precision teaching has been rather uneven and in some areas even greatly resisted'. Even so, the consensus seemed to be that the method would spread and that more effective teaching would result.

Behaviour Modification Techniques

Behaviour modification techniques, again introduced and supported

by the Psychological Service, were thought to have shaped management and teaching practice in special education during the preceding years. It was observed, though, that enthusiasm for behavioural methods was not always matched by the skills needed to implement them: 'this often leads to frustration and disillusionment after an initial burst of over confidence'. Opinions varied on whether the trend would continue. One respondent thought it would, resulting in successful models being copied. Another person wrote 'behaviour modification is likely to continue but to some extent with less intensity than inititally. I believe it will continue as one tool, not the only tool as some practitioners use it'.

Mention was made of the positive role trainees in special education courses at teachers colleges played in disseminating information on the new methods of behaviour modification and, later, precision teaching. However, one respondent injected a note of caution:

> Recent years have seen widespread, and largely uncritical, dissemination of behaviour modification techniques in schools. There has been less attention to the underlying rationale for the use of such techniques. The missionary zeal with which they are often advocated bodes ill for their long-term acceptance (and for their short-term effectiveness).

Other Methods

One respondent expressed disappointment that the *Blissymbol* system of communication[1] had not yet been taken seriously by education officials in this country, despite the fact that it was introduced to New Zealand 'through a properly convened workshop'. It was noted that this communication system had received full recognition and funding from the educational ministries in the UK, the USA, and Canada, and that it was used extensively in many other countries by people who cannot speak. Devised originally for written international communication, and adopted in the 1970s for use by physically handicapped persons, *Blissymbol* was also used with people who are autistic or deaf, and with stroke patients and physically normal slow readers as well.

1 Bliss symbols, developed by Charles Bliss in 1965, are pictorial, ideographic symbols that can be read, or decoded, in all languages. The system consists of approximately 100 symbols that can be used singly or combined in various ways for encoding both concrete and abstract concepts.

Transition

Though not emerging as a major trend, transition to life beyond school was a recurring theme, with 16 percent of respondents commenting on it as a trend in one form or another. Another 8 people indicated that the topic was of special interest to them. Typically, the increased importance of well thought out procedures for smoothing transition was related to diminishing job opportunities, but the value of provision for transition was viewed more broadly also. After-care organizations, for example, could assist not only in getting jobs but also in channelling school leavers into clubs, sport and other leisure activities. Help of this kind was seen as particularly important for residential school leavers returning to their own districts where they may have few friends or contacts.

School to Work

The after care of handicapped persons or their transition from school to work was identified as a growing point by three respondents. Apart from the provisions made by voluntary agencies, after-care facilities were thought to be 'very limited' and 'haphazard' in some areas. The need for systematic development was explained as follows:

> It is a severe blow to morale for a physically disabled person, for example, who has striven to succeed in the regular school system to then be rejected by the regular working world.
>
> Irrespective of the nature of the handicapping condition, it is essential that skills, often laboriously mastered during an individual's schooling, be put to good use on leaving school. Thus, society needs to accept the need for adequate training opportunities and workshop facilities for all in need of this assistance. With present levels of unemployment there is a tendency to overlook the needs of this group and simply grant invalidity benefits to those concerned.

In responses under 'Trends', transition from school to work (7 of the 12 mentions) came through as a serious concern, underlining the need for continued development of work experience and work exploration programmes. At the same time it was accepted that work opportunities were lessening as economic circumstances worsened. For that reason, pre-employment programmes were considered a necessary development if successful transition from school to work was to be achieved.

The establishment of industrial workshops was mentioned as a particular need for special class school leavers. Many of these leavers, unable to get jobs, ended up in IHC workshops where their potential was not fully realized.

The employment outlook for handicapped young people, though, was not considered hopeful.

> Pupils are staying on at school longer than in the past. Schools have placed more emphasis upon work experience programmes. Community support for these programmes has been good. However, at the same time, unemployment has increased greatly and employment opportunity is very restricted. I estimate that the conditions have caused an attitude of hopelessness among people working with the handicapped. It would be interesting to see the NZ figures for successful work placement of the handicapped.

Employment would not necessarily be the goal for everybody, however. It was suggested that transition to 'out-of-school life' rather than transition to work, could be a more accurate way of expressing the move.

> More emphasis is needed on developing time-consuming personally satisfying group acceptable occupations and moving away from work as the *only* form of activity.

Importance was attached to the development of self-care, social independence, and recreational activities, involving a variety of agencies and resources outside the education system.

Further Education

Further education for handicapped students either on a full-time or a part-time basis (Policy Objective 2) was supported by 73 percent, generally on the grounds of entitlement and equal opportunity. But some specific reasons were given also. For example, it was pointed out that handicapped students may take longer to acquire appropriate knowledge, that they often need extra tuition in social and vocational training which they were not ready for earlier, and that further education for a qualification may help to overcome their disadvantage in gaining employment. Mention was made of existing provisions, such as sheltered workshops, and some programmes and night classes at technical institutes, but availability appeared to vary according to handicap and geographic area. Respondents were fairly

evenly divided on whether the objective would take 10 years or longer to achieve.

Transition from school to further education was mentioned as a topic under 'Trends' by 4 people, but only for certain categories of student. One interesting development which had occurred in Christchurch over the previous 5 years involved hearing impaired young people from Van Asch College. Students from the college had undertaken block courses in a wide range of subjects at Christchurch Polytechnic, and many, after passing examinations, had obtained employment. Van Asch College maintained a senior teacher at the Polytechnic to help students with courses, timetables, communication, instruction, and counselling, and to provide liaison with staff. It was suggested that the scheme could be applied to other handicapped students.

Although no provision in tertiary institutions was recorded for intellectually handicapped young adults, one person noted that further education opportunities were occurring in workshops. These were becoming centres for learning and teaching rather than just occupation centres.

Living in the Community

Transition was not confined to work and further education. It was also seen to apply to ordinary living. For intellectually handicapped people, transition to group living within the community was seen, by one respondent, as a trend which would 'accelerate and continue because of the success of existing models'. The Independent Living Skills Centre at Homai College was attempting to help visually impaired students bridge the gap between school and work and life in the community.

Parent Education

Although as topics they received few mentions, parent education, counselling and support, as distinct from parent involvement, were endorsed as a focus for growth. The Plunket and Karitane nursing

systems were considered to be strong avenues for education and counselling, following the birth of a handicapped child. These nurses provided a valuable liaison between paediatrician and family. At the same time, parent support and counselling in both the education and medical fields were stated to be 'often poor'. It was suggested that there should be a greater emphasis on informing young parents about the developmental needs of handicapped children, and about intervention procedures, and general rearing techniques. More training in providing services to parents of handicapped preschool children was needed also.

The positive situation for parents of young deaf children was contrasted with that of others:

> Parents of children with handicaps other than deafness are not so well served. They quote what is already being done in deaf education as the precedent for services and forms of assistance they themselves want to have available.

Attitudes towards the provision of comprehensive counselling services to parents of handicapped children were tapped by Policy Objective 23. Like the objective relating to parent participation in decision making, the desirability of counselling services was strongly endorsed (92 percent checked 'very desirable'). Half the group predicted that the objective would be achieved in the next decade, but another quarter expected its achievement would take longer. There was little consensus about what had so far been achieved, as the following comments illustrate:

> This is an area that is sadly lacking. Occasional contact with paediatrician/psychologist is insufficient.
>
> It is a matter of the availability to all districts. Some city areas are already well on the way to adequate provisions.
>
> In some parts of the service there is excellent parent work but this varies among disabilities and among regions.
>
> It is available if parents seek it but most parents need to have it offered.
>
> There is a huge gap in our services in this area.
>
> Sadly lacking. Parents are still being tossed from one agency/specialist to another.

The evidence and experience cited by another respondent underlined the need for parent education in a more compelling way:

> In a Christchurch survey of parents of 94 families of handicapped

> children in 1975, only 15 parents (16%) recall more than one interview at the time of diagnosis. I personally have talked to many parents of handicapped children and it is obvious they are ignorant on many points of their child's handicap. I believe many parents go through unnecessary suffering through lack of counselling of what to do, where to go, and how to accept the handicap. This is a very important area and is poorly dealt with.

Nor was the model of counselling services provided for parents of deaf children satisfactory to all:

> I DREAMED A DREAM!!! Advisers on deaf children are supposed to be trained in counselling services. But it is woefully inadequate training, and with 150 deaf children, plus parents, plus class teachers, and so on ad infinitum, what are they supposed to be – superhuman?

Pressures on staff, negative attitudes on the part of some principals towards counsellors from outside the school, and parents' own reluctance to approach others for help were suggested as some of the barriers preventing the objective being fully achieved. It seemed clear that counselling and support groups needed to be more generally available to parents of handicapped children.

Resources

Two respondents wrote about the need for parent education resources. One expressed interest in developing a kitset on personal development for parents of disabled students. The other person suggested that a regular weekly or twice weekly programme should be developed for television to help parents become more aware of normal development in children.

> This could be presented in some form which would interest all – particularly in the preschool area of birth to 5 years – perhaps based on the norms of the Portage programme, or something along the lines of parental help in language development, showing how assistance could be given with story telling techniques. These could cover not only demonstrations of how to read the story, but how to observe the child's listening abilities, the type of questions the child gives, and the expansion of language from this.

Evaluation and Innovation

The 2 percent of comments that fell into this category tended to be

idiosyncratic and were sometimes very general, referring to 'regular evaluations', 'greater accountability', 'closer monitoring', and 'innovative initiatives', for example. However, the work of the Psychological Service to support innovation and 'drag psychologists away from psychometric testing' was stated as a strength. Credit was also noted for the work of the New Zealand Society for the Intellectually Handicapped for producing a handbook on residential standards – 'the first comprehensive and *relevant* format for the evaluation of a service for the intellectually handicapped in either New Zealand or Australia'. The handbook had been found useful in a number of trial evaluations of residential services, and its potential for raising consciousness and serving as a basis for staff training has also been recognized.

There was a suggestion that growing pressure from the community would lead to an increased emphasis on accountability for the quality of education and treatment provided by special education services and schools. The need for continuing, systematic reviews of existing provisions and new developments was accepted, but with the proviso that the evaluations be conducted by people 'who understand what should be going on'. One comment mentioned the difficulties for inspectors in carrying out thorough evaluations of special schools when they lack experience of working in these settings. A suggested solution was to have 'outsiders', such as informed staff from universities or voluntary organizations, taking part in the evaluations, if teachers could accept such a proposal.

Four-fifths of the respondents strongly favoured setting up a systematic monitoring process to ensure that special education policies and programmes are evaluated regularly (Policy Objective 6), but nearly half expected this objective would take a long time to achieve. A few people gave it qualified support, indicating concern that such monitoring might create an atmosphere of inspection or possibly become 'a bungling, bureaucratic, hammering machine'. Financial and staffing difficulties were mentioned most frequently as obstacles to implementing the objective.

Evaluation directed towards national accreditation of special education services provided by authorities other than the Department of Education (Policy Objective 7) was supported to much the same extent; its achievement as policy, however, was expected sooner and within the next 10 years. Nevertheless, some provisos

were made about the need to avoid crushing of innovative programmes or stifling of local initiatives, and to ensure that those carrying out accreditations are competent to do so.

Research

The quality of research into special education was listed as a strength by 1 person, who considered research in New Zealand was practical and of a high standard, despite limited resources. Of the other 8 remaining comments on research strengths, all but 2 centred on research needs. The suggested topics for research were:

- Causes of learning disabilities and possible remedies.
- A survey of resources.
- The value and availability of specialized audio-visual equipment to meet the needs of special education students.
- Teaching/assessment techniques and provisions that are appropriate in the various areas of handicap and based on the New Zealand population.
- Curriculum development for Maori children: why young Maori pupils are failing and how we can alter systems to suit them better.
- Evaluation of attempts at integration.[2]
- Evaluation of the effectiveness of current sytems to achieve stated goals.

One respondent felt the main need was for evaluation and monitoring of the quality of services by an independent group. Another comment suggested that consideration should be given 'to monies being granted for research', but no source for potential funding was identified. Finally, the establishment of a national unit for research into special education was recommended. Three functions were suggested for such a unit: carrying out research, co-

2. A survey of teachers' perceptions of children with special needs who are in regular classes has since been carried out. See Norman, H., Sritheran, E. and Ridding, C., *Teachers' Perceptions of Children with Special Needs* (Wellington: Department of Education, 1984).

ordinating and advising on research projects, and disseminating local and overseas research to special educators and others in related areas.

Although 69 percent thought it was a very desirable aim to make adequate provision for research programmes (Policy Objective 9), most were pessimistic about the time this would take to achieve; nearly half saw it as a long-term objective. The more specific objective (8), research for curriculum development, gained stronger support (84 percent checked 'very desirable'), but again just over half placed its achievement as long term. Some people specified research needs: research into speech and language from a speech therapy perspective, comparative studies of institutional treatment versus mainstreaming, and research related to backward and difficult youngsters. Shrinking research funds were stated to be the main obstacle, but barriers of attitude were also alluded to:

> NZ is retreating from such a commitment. We have long prided ourselves on the wisdom of our intuitions!

Research trends drew comment from two people. One noted an increase in special education research, the other, more interested in research, thought research was considered to be 'far from enough, too fragmented and with results often not made available to people in the field'.

Legislation

Relatively few comments referred to legislation or regulations governing special education (4 as Strengths, 3 as Growing Points, 1 as a Trend, and 2 under Special Interests). The discretionary power given to the Minister of Education under the present Act ('he may provide . . .'), the lack of statutory rules applying to children's placement or categorization of handicap, and the development of regulations ensuring a spread of services as of right, were mentioned as strengths. Flexibility of educational placement and ease of movement were seen as the chief virtues of New Zealand's permissive legislation. But 3 people advocated legislative change making it mandatory for the State to provide free and appropriate education to every child in New Zealand. Such a guarantee of legal right was considered particularly necessary for the severely handicapped

children who are not yet catered for by the State.[3] One respondent estimated that, at the time of the survey, there were probably 400 such children of school age 'receiving their education in hospitals or special care centres administered by SIH or CCS'.

A similar note, by one person, commenting on trends, was that the decade has seen acceptance by the Department of Education, and the Government, of state responsibility to provide special education for all who needed it. It was anticipated that the Education Act would be amended to spell out the legal responsibility of the department to provide education for all.

Policy Objective 1 also referred to legislation affirming the right of all handicapped children to education. Responses to this objective showed that 88 percent saw such legislation as very desirable, and 55 percent expected it to be achieved in the next decade. Several commented that amendment of the 1964 Education Act was already underway and was likely to have a number of positive effects on the provision of services and resources, on the emphasis given to early intervention and accountability, and on parents' power to secure education for their children. Coordinating existing services, obtaining adequate financial provision in a time of financial stringency, and providing trained staff were the main obstacles foreseen in translating the right into practice.

However, one senior departmental officer, with a special interest in the issue, thought that the Government would soon accept the obligation of the state to provide 'the full resources for the education of children with very severe handicaps'.

> All the evidence points to the need for equity and for the provision of natural human rights for all individuals, however handicapped. Everyone – parents, voluntary societies, academics, teachers, department officers – agrees that the right must be granted and that an amendment to the Act is overdue. The only stumbling block now is government finance. I believe this will shortly be forthcoming.

A further expression of the need to define and safeguard the rights of handicapped people was the proposal from another person that:

---

3 Relevant amendments to the Education Act were expected to come before Parliament in 1986.

a portfolio for the administration of matters relating to the handicapped be instituted to ensure that the provisions of relevant acts are being carried out and to provide a Minister who would be responsible to caucus for the welfare of the handicapped generally.

Coordination

The topic of coordination received about the same frequency of mention as the special education constituency (5 percent), with a fairly even balance between strengths and needs. The positive mentions emphasized the structural aspects favouring coordination of services, for example, a national centralized system, the part played by inspectors in linking regional education authorities with the head office, and the well-defined communication networks which have emerged, particularly where services have been operating for a long time. Professional organizations such as the Council for Exceptional Children and the Special Education Association were also considered to have an important role in fostering coordination. Ready access to people in authority or in advisory capacities and good cooperation in the field were cited as characteristic features. Some respondents saw a similar close liaison marking the relationship between statutory and voluntary organizations in special education. One person commented:

> Departments *do* listen to concerned groups (or make out they do) and there is usually a genuine wish to see that the best is done for disabled kids.

Yet the need for improved coordination of services and better co-operation among special educators was clearly spelled out by other respondents. Lack of a coordinated approach was said to result in duplication and contradiction, and sometimes in confusion for those involved in implementing a programme at home or at school. Better coordination and cooperation between special educators and doctors working with children was called for in particular. The need for more cooperation among agencies and oversight on the progress of maladjusted children were emphasized:

> Too many children 'pop up' as desperate cases who have been seen by various agencies over long periods of time. There is no continuity of 'treatment' and resources available have not been used to the best advantage.

Several respondents wanted some coordinated provision in New Zealand for charting the progress of handicapped children more systematically, from birth through school and into the workforce. It was suggested that there should be a register of children with various handicaps as a basis for regular reviews of individual progress. Only those with a serious degree of handicap were said to be known to the various agencies. One respondent recommended that such a register should be held within each education region or district, rather than centrally. It was argued that the proposed register would lead to 'much better use of scant resources'.

A need was also stated for more adequate liaision between government departments and other agencies in assisting handicapped people to find employment.

Just two respondents identified trends for better coordination during the decade. As well as a more open approach between professionals and parents, one person thought there had been 'a pleasing trend' towards greater consultation among professionals. Another respondent saw such 'liaison between disciplines' as having extended to 'liaison between Departments of Health, Education, and Social Welfare and also with voluntary societies such as the Society for the Intellectually Handicapped and the Crippled Children Society'.

But other respondents drew attention to the need for more consultation with voluntary bodies and more effective coordination of their work. It was suggested that services to parents needed to be more systematized. Sharing knowledge was valued as part of the process of coordination and decision making. Two needs, in particular, were itemized: a better coordinated input of information from parents, handicapped people and professionals to policy makers, and wider dissemination of successful local initiatives. The coordinating function of strong professional organizations was recognized with the suggestion that a council for exceptional children be established in each province. Stronger professional links with those in the mainstream were considered necessary also to avoid isolation for special educators.

Funding

Funding received the same proportion of comment (2 percent) under

Strengths and Growing Points. Strengths included the availability of funding (if not at an ideal level) for transport, equipment, and training, the uniformity provided by government funding, and the possibility of innovative initiatives springing from sources such as Telethon. There was a tendency to consider funding in the context of the role of voluntary agencies. Hence the partnership whereby the State provides finance for the educational work of voluntary organizations was supported because it gave 'greater strength to both personnel and plant'. This voluntary-state partnership also helped to develop a healthier community 'than the one that waits for handouts from the Government'.

Concern was expressed about possible reductions in government spending on special education just at the time when educational programmes were becoming very costly. As well, some special education classes were considered to be ill-equipped and lacking in funds – special classes, adjustment classes and assessment classes, for example. Additional funding was advocated for the following:

- The voluntary sector, to give more recognition to parent organizations in particular.
- Work at the preschool level in order 'to build a solid base for families'.
- Re-imbursement of therapy costs for adults with speech or language problems.
- Alternative learning centres for emotionally and socially handicapped adolescents.
- Installation of facilities, such as ramps, for disabled children so that their school progress is not hindered by delays in provision.

Although none of the policy objectives was specifically concerned with funding, many respondents referred to this issue in their qualifying comments. Financial barriers were mentioned as obstacles to implementation for 15 of the 23 objectives, notably those relating to curriculum development, research on the needs of handicapped persons, modification of existing school buildings, and staffing to support integration of handicapped children in regular schools.

Summary

This final chapter of survey results details findings in relation to 9 issues. The issues, and the key points that emerged for each, are given below.

Assessment and intervention: Considerable importance was attached to early assessment of children at risk, using a team approach. The significant trend towards the establishment of early intervention programmes for infant, preschool, and junior primary school children was regarded positively. But multidisciplinary assessment and intervention programmes needed to be more widely available, along with greater support for parents, particularly at times of transition like starting school. The demonstrated value of assessment classes for 5- to 7-year-olds made their extension desirable.

Curriculum and teaching methods: There was agreement on the need for more emphasis on curriculum development in special education, to serve the needs of children at secondary school and young adults in particular. Most (90 percent) wanted curricula based on handicapped students' full development as persons, but the inclusion of programmes on sexual development was controversial. The extension of prescriptive teaching methods was widely supported, though some favoured the flexibility and individuality of a more open teaching approach. Some reservations were expressed about the new data based methods of prescription teaching and behaviour modification: that teachers needed to have a better understanding of the theory underlying the use of these methods.

Transition: Although transition from school was not a major theme, serious concern was shown about the need for more systematic development of progammes to assist handicapped young people in making the transition from school to work. Emphasis was placed on the provision of pre-employment programmes and on the development of self-care, social independence, and recreational activities. Further education for handicapped students was justified for special reasons in addition to equal opportunity, but its availability varied according to handicap and location. Reference was made to

a successful programme for hearing impaired students at Christchurch Polytechnic. The trend towards providing programmes to assist young people's transition to community living was likely to accelerate.

Parent education: The desirability of more comprehensive education, counselling, and support services for parents was strongly endorsed. The poor quality of support and counselling that young parents often received from educational and medical personnel emphasized the need for more training for these roles. More emphasis was required on informing young parents about the developmental patterns and needs of young children, including intervention procedures. Resources for this purpose needed to be developed.

Evaluation and innovation: The Psychological Service and the New Zealand Society for the Intellectually Handicapped received credit for their initiatives in these areas. The need for continuing, systematic reviews of existing provisions and new developments was generally accepted, but it was felt that evaluations should be carried out by competent, informed people with an independent 'outsider' included in the team. Evaluation procedures for accrediting or monitoring services should avoid creating an atmosphere of inspection or repressing any innovative programmes.

Research: High quality, practical research had been achieved in New Zealand, despite limited resources. More adequate provision was desirable, especially for research into curriculum development, but was expected to take a long time to obtain. Various topics were suggested for research.

Legislation: New Zealand's discretionary and permissive legislation had some strengths in terms of flexibility of educational placement. But legislative change was advocated in order to guarantee the legal rights of all handicapped children to free, appropriate education. Amended legislation was particularly desirable for the severely handicapped persons presently outside state provision. Changes in the Act, expected by many before long, were thought likely to have other positive effects on the provision of services and resources.

Coordination: The existence of a national centralized system, the

linking functions assumed by inspectors and professional organizations, and the existence of well-defined communication networks in some areas was recognized as having a positive effect on the coordination of services in this country. But better cooperation among special educators and other professionals was necessary to avoid duplication of services and conflicting advice. The establishment of a register of children with handicaps was recommended to assist in following and reviewing children's individual progress. Other needs included: more effective co-ordination of the work of voluntary bodies; a better coordinated input of information from parents, handicapped people and professionals to policy makers; and wider dissemination of local initiatives.

Funding: The principle of state financial support for the educational work of voluntary organizations was viewed with favour, as were the provision, if not the level, of funding for transport, equipment and training. Various needs for additional funding were suggested, including the need for work at the pre-school level and for voluntary agencies in their work with parent groups. Possible reductions in government spending caused concern, given the increasing cost of educational programmes. Funding constraints were frequently cited as obstacles to implementing desired objectives, particularly for research, curriculum development, and the support necessary for integration.

7 Further Considerations and Conclusions

The survey of special education in New Zealand resulted in the collection of fundamental information on the views of a group of people closely involved in this field. The main results are summarized at the end of the preceding chapters. What follows is a brief discussion of some general points and an overview of the most important issues or priorities that emerged from the survey.

Limitations

In the planning stages of the study it was proposed to survey teachers and principals in regular schools, teachers associated with special units or centres for pre-school children, special needs teachers in the Correspondence School, principals and staff teaching students with special needs in technical institutes and community colleges, and school committees of special schools. But these groups were not represented in the survey sample and the resulting limitation is acknowledged, particularly in view of the strong interest and concern there was with integration and early intervention.

Another possible limitation, raised by a member of the advisory committee in the early planning stages, should be mentioned. It concerns the validity of the information obtained in response to the second part of the questionnaire on desirable policy directions. Because the survey was being undertaken at a time of retrenchment in education, it was thought possible that responses to this section could be affected by respondents' fears that the overall 3 percent cuts in education spending would be applied to special education. Hence their concerns 'could have a depressing flattening influence on responses' (Barney, 1982). Although we cannot be sure to what extent

this was so, many qualitative responses referred to the general financial constraints in operation, and indicated a pessimistic frame of mind, particularly in relation to the time needed to achieve certain objectives. Of course, any questionnaire information is likely to be time-bound; the main concern in this case is that the responses may have been more related to respondents' fears of what the situation might become in special education, rather than what they actually perceived the situation to be at present.

Constraints and Continuity

Views on whether the main trends of the decade would continue appeared to differ according to people's perceptions of government economic policy and perhaps their degree of involvement in implementing it. Those closer to policy decision-making tended towards caution:

> The impetus cannot be stopped but it will be slowed if finance is not available.
>
> These trends are likely to continue within limitations such as the financial allocations necessary for the provision of training personnel and of newly developed resources and equipment.
>
> The past decade has been a period of growth and expansion. There has been the anticipation that surveys of our needs will ultimately unlock additional resources. We are now in a period when growth will not continue in terms of quantitative expansion but we must look to quality development. It is an age of accountability and best use of resources. I see this as a positive era potentially.
>
> Increasing emphasis on normalization. This has now been attacked because it has proved expensive in terms of extra support needed for classroom teachers. Normalization (or integration) will be reduced as money dries up.
>
> The economic climate does not look very good for any future expansion. A re-assessment of existing resources is needed and they will need to be used in more flexible ways. With falling rolls it is unlikely that any great expansion in special education is likely.

One parent thought that, in terms of economic restraint, the trends costing the least would continue. Another parent considered that there was no need for curtailment of the trends he saw as important – parent involvement, access to information, and public awareness:

> I believe the above trends are not moving fast enough and they may not continue to full fruition because of present government funding policies and the lack of skill of those in special education in negotiating the case for an increased allocation in competition with the wider field of education.

Some other respondents, all involved professionally in special education but without departmental responsibilities, forecast continuation of trends. One person pinned his hopes for further progress on public statements made by the then Minister of Education; another assumed that successful developments would continue because they had already proved themselves; a third thought one particular specialist provision would continue 'because it is cheaper and parents are having more say and applying more pressure on the Government to provide services'; a fourth predicted that considerable future expansion would occur because of increased knowledge, better technology, more specialization by professionals, and improved multidisciplinary cooperation.

There was a final injection of caution from one person who claimed that the trends towards 'containment of traditional programmes and policies in the face of economic pruning', evident in other parts of the world, was also likely to occur in New Zealand.

Adoption-in-Theory and Adoption-in-Practice

In their comments, respondents sometimes made a distinction, or implied one, between a principle or an objective that had been achieved or adopted in theory, but was not yet adopted in practice, for example:

> However, action does not always take place
> . . . it's practice that is needed.
> Legislation covers this, practice doesn't.
> Lip service paid now – but not often achieved.
> Already achieved in theory, but not in practice.

Similarly, in explaining the desirability of a trend, a needed action or an objective, many respondents referred to a broad principle, commonly one concerned with rights, normalization or integration. These references to principle, and distinctions between principle and practice, are consistent with the model proposed by Flynn and Nitsch (1980). They postulated that social innovations typically proceed

through six stages: (a) conceptualization, (b) initial acceptance, (c) legislative legitimation, (d) resource (re)allocation, (e) widespread implementation, and (f) societal institutionalization.

The first three stages comprise 'adoption-in-theory', and the last three, 'adoption-in-practice'. Taking the influence of the normalization principle in North America as an example, they considered that normalization had 'experienced significant initial acceptance and limited adoption over the last 20 years, especially during the 1970s'. They put the view that, by 1980, its initial acceptance had reached a level of 60 percent, but full adoption-in-theory depended on legislative legitimation, which they placed at around 40 percent achieved. They stated, further, that nowhere in the world, even in Scandinavia, where adoption was perhaps most advanced, had there been widespread re-allocation of resources or acceptance as part of society. The results of the present study do not enable us to quantify the position in New Zealand in a similar way, but there is plenty of evidence from respondents' comments to show that here, as elsewhere, the major shifts required in public attitudes, legislation, and the provision of resources preclude rapid implementation of many desirable trends and objectives in special education.

Conversely, it can be argued that implementation without adequate conceptualization may result in ill-effects. Some conceptual confusion about the meaning of normalization and integration, for example, was evident among the group of informed people who participated in the survey. There was a tendency to regard the two as synonymous terms, whereas the literature makes it clear that not only do they differ in meaning but there are also important differences among the three main formulations of normalization and their implications for practice (Panckhurst and Panckhurst, 1982). In New Zealand, where geographical expendiency and tradition have combined to place many children with special needs in regular schools, it is perhaps understandable that the broad principle of normalization, if it impinges at all, is identified as little more than the familiar practice of integration. The obvious danger of adopting an educational idea like integration at face value, or simply as long accepted practice, is that the underlying theory may not be examined and the implications of its adoption as a policy may be overlooked. Instead, the practice may be seen as automatically beneficial to handicapped persons and the necessary support services may not

be developed. A similar argument can be applied to the adoption of ideas such as behaviour modification and precision teaching. Indeed, some respondents voiced their concerns about the atheoretical adoption of these ideas.

The evidence of the survey, though only suggestive in this regard, was that those working in special education in this country should be encouraged to take more sensitive account of the prevailing philosophies underlying important educational concepts. At the same time the frequent reference to principles, particularly of human rights, indicated a developing sense of direction among people associated with special education in New Zealand.

The survey identified a number of considerations for planning special educational services, and the most important of these are given in the final section below.

Considerations for Planning

Inevitably, the survey respondents emphasized different strengths, trends and concerns according to their experience and particular interests. Given this and the heterogeneous nature of the sample, one might have expected a disparate array of issues or topics to be revealed. That was the case, but there was also close agreement on the significant developments that had occurred and on what was desirable for the future. For policy objectives, there was a higher degree of consistency on desirability than on likely time for achievement, as might also be expected.

Four areas emerged as central to the future development of special educational services in New Zealand: the support necessary for integrated provision, professional training, early assessment and intervention, and the involvement of parents.

Undoubtedly, the clearest message from the survey was that attempts to meet special needs in ordinary classes should be accompanied by adequate support. There was a pervasive concern that support in the form of additional staffing, appropriate physical conditions, material resources, and specialist backup might not be provided without a more positive commitment on the part of the Government and its administrators. The policy of integration received strong implicit approval, but the danger of precipitate or unsuccessful integration was recognized very explicitly, the fear being that

handicapped children, and those without handicaps, might be left worse off. Essentially, the thinking matched the view expressed by Stobart and Trickey (1985) that:

> Left to the forces of economic and educational expediency, integration is a policy which is capable of mangling children's rights rather than enhancing their lot.

But to argue that successful integration is dependent on resources was not to suggest discriminately that handicapped children should wait their place in mainstream education. Underlying the survey comment about integration was a frank acceptance of the rights of persons with disabilities or difficulties to equal access and opportunities.

Also plain was the view that the quality of provision depended on the competence and confidence of the practitioners. For quality to be achieved, better training was required for those involved in special education: full-time specialist training, increased opportunities for continuing education, and a greater commitment to in-service training were essential. But it was not only the specialists who needed to know about children with special needs. Ordinary teachers required opportunities to become knowledgeable and to be kept informed. Learning about children with special needs was also necessary for student teachers in training and for administrators.

The third guideline for planning was the unequivocal support stated for more widespread and active involvement of parents in special education. Parents' participation in decision-making as a matter of policy was strongly valued. Their more active role in educational programmes and therapy was also clearly favoured. It was recognized that, if parents are to become more closely involved in decisions about their children's education, a more open partnership between parents and professionals would be required.

The importance of early assessment and intervention for children with special needs was stressed. Multidisciplinary assessment and intervention programmes needed to be more widely available and to be more comprehensive, encompassing the needs of groups such as behaviourally and socially maladjusted children, for example. Along with this went the need for more, and better quality, educational and counselling support for families with young children.

As well as the foregoing central concerns, the survey identified specific gaps in service provision. These are discussed in Chapter 4 on 'Services for Handicapped Persons'. The most glaring gap concerns state provision for severely handicapped children, and this gap remains until the legislation is changed (see Footnote 3, Chapter 6). The survey findings reinforce the pressure already on the Government for the Department of Education 'to assume full responsibility for the education of all children regardless of their handicap', including the estimated 700 children with very severe intellectual or physical handicaps not presently provided for in the state education system (Department of Education, 1983).

Planning should also take account of certain topics given little or no comment in the survey. The special needs of different ethnic groups and the issue of transition were two topics that received particularly light mention. Spotted comments indicated some awareness of the special needs of Maori and Pacific Island children and children with English as a second language. There was, for example, reference to the need for extra resources in multicultural schools and for marae-based provision.

Although relatively few people commented on the important issue of transition from school to post-school life, employment or education, their comments underlined the limited provision for handicapped persons in these areas. Further development was advocated for work experience and work exploration programmes, programmes for self-care and recreation, and vocational training in tertiary institutions.

The survey probably did less than justice also to the viewpoints of handicapped persons themselves. Of course, in a survey like this, evidence is usually only as representative as the sample. As already noted, in this case there was no preschool input, little from secondary schools, and regular primary school teachers and principals, or from the tertiary sector, and little from handicapped students. Similarly, some restriction or bias in the information obtained may be due to lack of response from potential informants within the disability groups surveyed.

These limitations, combined with the evidence from the survey of patchy development in some areas of special education provision, indicate that a more extensive scrutiny of the field would be justified. A full enquiry would allow some account to be taken of significant

developments that have occurred since the present survey, such as the establishment of pre-school assessment and support centres like the McKenzie Centre in Hamilton. The outcomes of new policies for expansion of special education services and for new training courses, in speech and language therapy, in particular, could be examined as well.

What is evident from the present survey is that systematic research, collating information from a variety of viewpoints, can play a useful part in helping special education services evolve into a more coherent system and one which is better able to provide for access, equity and quality.

References

Barney, D., Letter to J. Elkins (5 March 1982).

Currie Report, *Report of the Commission on Education in New Zealand* (Wellington: Government Printer, 1982).

Department of Education, *Educational Policies in New Zealand* (Wellington: Government Printer, 1983).

Department of Education, Table 44, in *Education Statistics of New Zealand* (Wellington, 1984), pp. 66-7.

Education Today and Tomorrow. See Mason (1944).

Elkins, J., Andrews, R., Berry, P. and Wells, B., *The Future of Services for Handicapped Persons in Australia* (Brisbane: Schonell Educational Research Centre, 1980).

Elkins, J., Letter to J. Watson (22 June 1981).

Elkins, J., Letter to A. Bruce (25 March 1982).

Flynn, R. and Nitsch, K., 'Accomplishments to Date and Future Priorities', in Flynn, R. and Nitsch, K., eds, *Normalization, Social Integration and Community Services* (Baltimore: University Park Press, 1980).

McKerracher, D. (Chairman), *The Education and Training of Speech Therapists: Report of the working party appointed by the Minister of Education in October 1975* (Wellington: Department of Education, 1978).

Mason, Hon. H., *Education Today and Tomorrow* (Wellington: Government Printer, 1944).

Mitchell, D. and Mitchell, J., *Out of the Shadows: A chronology of significant events in the development of services for exceptional children and young persons in New Zealand: 1850-1983* (Wellington: Government Printer, 1985).

Panckhurst, F. and Panckhurst, J., *Evaluation, Standards and Accreditation of Government-Subsidised Services for Handicapped People: Part 1* (Brisbane: Schonell Educational Research Centre, 1982).

Stobart, G. and Trickey, G., 'Mainstreaming – a Lesson from America?', in *Times Educational Supplement* (13 September 1985), p.4.

Appendix 1

Table A1

Desirable Policy Directions: Percentage Responses

Objective	Desirability			Likely Time Scale				Comments
	Very Desirable	Desirable	Unnecessary	Already achieved	In next decade	In long term	Probably never	
EDUCATION								
1 That legislation affirms the right of all handicapped children to a core educational programme from the age of identification to eighteen years	87.9	10.6	1.5	21.2	54.5	19.7	4.5	Nearly all (99%) supported this objective, with 88% giving it a very high priority. Three-quarters (76%) thought it was already achieved, or would be within ten years, largely because of growing public pressure. *Comments were*: it is already stated in the declaration of human rights; the severely intellectually handicapped are not covered by the Act; the legislation is in the process of amendment; voluntary societies have had to provide an uneven service for children excluded from state provisions. Some questioned the inclusion or interpretation of the word 'core', and others could see no reason for the age limit of 18 years. Several respondents remarked on the need for a firmer commitment to programmes at the preschool level. The stated implications of changed legislation included coordination of existing services and increased financial and staffing provisions.
2 That further education beyond the years of compulsory school attendance is provided for handicapped students, on both a full-time and part-time basis	73.1	26.9	0.0	22.4	38.8	34.3	4.5	Everyone considered this desirable, though it was less frequently rated as highly desirable than most other objectives in the education bracket. There was also less agreement on an expected time for achievement, but most (61%) were hopeful it would be implemented by the next decade. Others were less optimistic, mainly on economic grounds. *Comments included*: especially desirable for social skills and vocational training; handicapped children with capacity to learn should have opportunities similar to others; qualifications obtained may assist employment; special training programmes can enhance the quality of life for some students. Some comments emphasized that further education should be relevant to the needs of handicapped people. Increasing funding to support the initiatives taken by voluntary societies, and extending the seconded teachers' scheme, were suggested as ways of implementing.

BEST COPY AVAILABLE

3	That appropriate education or training programmes are provided for all handicapped children in long-term residential care	**83.9**	11.3	4.8		16.1	**38.7**	35.5	9.7	Although the majority (84%) strongly favoured this policy, it was unacceptable to a few (5%), who questioned both the concept of residential care and the benefit of such programmes to some children. Many of those in favour also qualified their support to encompass essential residential placement only, expressing the view that handicapped children have a right to be 'part of the community, not orphans of it'. A number pointed out that much hinged on the key word 'appropriate'. Particular instances of achievement were cited, but the majority thought full achievement could take ten years (39%) or even longer (35%), given the lack of resources and specially trained people. *Selected comments*: considerable development has taken place, but much more needs to be done in large institutions; this varies according to the institution, some having very good programmes for some children; provided no alternative placement is available; there is great variance in the quality of programmes offered; training and availability of staff are still a problem; difficult to carry out with present staff changes, available equipment and time; a coordination of health and education services is needed before programmes are extended.
4	That curricula for handicapped students provide for their full development as persons (including their social and sexual development, leisure interests, and community living)	**89.7**	10.3	0.0		14.7	**38.2**	41.2	5.9	With all respondents agreeing that it is desirable and 90% rating it as very desirable, this was the most strongly favoured of the education objectives. Part of achievement, at least, was noted by 15% though quality and coverage were recognized as patchy. Time estimates for full achievement were fairly evenly divided between the next decade (38%) and a longer term (41%). Provision of programmes in human relationships and sexual development, in particular, was hindered by government policy as well as the attitudes of pressure groups and some teachers. *Other comments*: academic skills have received too much emphasis in the past; it is very desirable, provided other educational programmes do not suffer; the merits of this differ greatly according to the handicap; translation into practice is an educational task for the whole community. One respondent who was doubtful that this objective would ever be achieved pointed out that the areas concerned are still largely regarded as the responsibility of parents, not trained professionals.

Table continued overleaf

Objective	Desirability			Likely Time Scale				Comments
	Very Desirable	Desirable	Unnecessary	Already achieved	In next decade	In long term	Probably never	
5 That all services for the handicapped create environments and expectations which regard them as normal people, with the rights and responsibilities of other citizens.	**71.0**	25.8	3.2	3.2	29.0	**46.8**	21.0	The principle of normalization was almost universally supported (97%), but it received fewer 'very desirable' ratings than other education objectives (71%). Just under half (47%) placed it as a long-term objective. Another fifth (21%) predicted it would probably never be achieved, mainly because it was not realistic for some degrees of handicap. Others were more optimistic about its attainment, pointing to moves in the right direction, such as integration of handicapped children within ordinary schools. A few felt the objective needed clearer definition, regarding the interpretation of 'normal' for instance. Some stressed the need for individual consideration, taking into account that some handicapped persons may be unable to accept responsibilities like other citizens. *Opinions were:* handicapped people can think and act for themselves if given the opportunity; the community could benefit from giving a higher profile to handicapped people; it is unrealistic to create 'normal' expectations when most will probably fail to attain these levels; community attitudes will need to change considerably before it can realistically be achieved.
RESEARCH AND EVALUATION								
6 That a systematic monitoring process ensures that special education policies and programmes are subject to regular evaluation.	**79.4**	20.6	0.0	9.5	31.7	**46.0**	12.7	While all agreed that regular evaluation is desirable, 46% expected achievement would take a long time and 13% thought it unlikely to happen. More systematic monitoring was considered necessary to determine if children's needs are being met, but this was seen as no less essential in mainstream education. *Comments included:* feedback on a continuing basis is more beneficial than definitive surveys; there should be some form of accountability from the Department of Education and controls on spur-of-the-moment changes; it is important that some evaluation be carried out on new methods and materials; school or district evaluation, rather than national, might be more effective; implementation will depend on suitable staffing and adequate financial support. One person thought that philosophical and measurement issues needed to be resolved first, particularly in relation to the behaviouristic goals movement and its tendency to ignore human goals that cannot be easily specified in behaviourist terms.

7	That those special education services provided by authorities other than the Department of Education are subject to some form of national accreditation.	74.5	23.6	1.8	7.3	47.3	41.8	3.6	All but one respondent favoured accreditation of non-state services, including 74% who considered it was very desirable. Opinions were divided on the expected date of achievement, but 54% predicted it would be in operation in the next decade. Developments had occurred in some areas, with IHC for example, but a national policy was needed, especially once legislation gave all handicapped persons the right of education. *Comments were:* it is essential that a standard be maintained; without this some children could be exposed to undesirable experiences; those carrying out the accreditation need to be well-informed and competent; the monitoring of these services should not cause unnecessary bureaucratic paper work and time wasting exercises; the services need to retain some flexibility and not be hampered by 'red tape'; it would require considerable cooperation from all concerned.
8	That adequate resources are provided for the research and development required to up-grade and revise curricula for handicapped children.	83.9	16.1	0.0	0.0	32.3	51.6	16.1	Curriculum research and development was rated as very desirable by 84%, making it the most strongly supported research objective. According to 52%, achievement was likely to take longer than ten years; 16% doubted that it would ever be achieved, mainly because funding for research and curriculum revision is becoming harder to obtain. *Comments included:* we lag here somewhat sadly; we should be up with, and not following, overseas trends; such revisions could bring about some uniformity in curricula; it is a matter of determining what is adequate; major institutions would need additional resources to undertake the work required. Some respondents were cynical about the level of commitment to research; for example, one argued that belief in the need for research is lacking, rather than resources.
9	That adequate provisions are made for research programmes relating to the needs of the handicapped.	68.7	31.3	0.0	6.0	28.4	49.3	16.4	All favoured research on the needs of handicapped persons, but not as strongly as curriculum research. Some thought more emphasis should be placed on putting what is known from research into practice. Again, achievement was generally seen as a long way off (49%) or unlikely to occur (16%). *Comments included:* without research we are in danger of becoming complacent and accepting of mediocrity; comparative studies are required on institutional treatment of handicapped children versus mainstreaming; research programmes should be related to real needs as expressed by handicapped groups; teachers could contribute much more, given training in research techniques.

Table continued overleaf

Objective	Desirability			Likely Time Scale				Comments
	Very Desirable	Desirable	Unnecessary	Already achieved	In next decade	In long term	Probably never	
PUBLICITY								
10 That the general public is fully aware that all handicapped students need to be identified and provided for throughout the country and among all ethnic groups	**84.4**	15.6	0.0	0.0	40.6	**43.8**	15.6	There was full agreement on the desirability of this goal: 84% rated it as very desirable and the remaining 16%, as desirable. Despite the significant positive impact of IYDP, public attitudes towards handicapped people still reflect lack of awareness, misconceptions, ignorance and disinterest. The majority (59%) did not expect the goal to be achieved before the long term, if at all. One or two thought it was a 'pipe dream' to expect the general public to become fully aware. But others, noting the dramatic progress over the last decade in public awareness and acceptance, were more optimistic: 41% predicted the next decade as the likely time scale for achievement. Many saw implementation as a difficult task requiring commitment from government agencies as well as time and resources to promote the needs and rights of handicapped persons through publicity campaigns and education programmes. *Other comments:* much will be achieved by integration; public opinion, if properly informed, would help parents to overcome the stigma of having a handicapped child; identification is one thing, but provision in competition with other claims is another; there is an awareness in, and for, ethnic groups which could create a greater knowledge of all students' needs.
11 That all school pupils learn about handicapping conditions and the prevention of disability as a normal part of their school experience.	**76.6**	23.4	0.0	3.1	**64.1**	29.7	3.1	Three-quarters of the respondents gave this item the highest rating for desirability, seeing provision for such learning as a natural and effective way of influencing attitudes by breaking down prejudice and ignorance. Two-thirds expected the objective to be achieved within ten years as a result of provisions already made in the regular school curriculum and from those anticipated in the new syllabus for health education. The increased presence of handicapped pupils in ordinary classrooms is giving further impetus to achievement. *Selected comments:* this is happening already but is not sufficiently widespread; the better informed children are, the quicker public opinion will change for the better; the adolescent handicapped pupil is often subjected to very cruel treatment in the secondary school; the 'invisible handicap' [deafness] is often overlooked and the wrong construction put on it;

knowledge of disability does not by itself bring better relationships; this will not happen until teacher training ensures that teachers are informed about common disabilities, their causes and effects.

12	That all schools have written policy statements on the education of children with special needs, which are regularly distributed to parents, staff and students	66.7	27.3	6.1	6.1	47.0	33.3	13.6	Compared with the other two publicity objectives, responses to this objective showed less consensus both for desirability and expected time scale. Even so, 67% supported it strongly and another 27% considered it desirable. Those in favour tended to view it as a necessary, though not sufficient, provision, and they were wary about 'cosmetic' policy statements that are not acted on. A few said that written material is inappropriate and of little value in educating parents or primary school children. Opinions varied on the time needed for achievement, with just under a half predicting it would happen within the next decade and another third placing it in the long term. Some schools appeared to have the information already available, at least for staff. The main implementation problems were: cautious attitudes towards wide distribution of such policy statements, lack of understanding or concern among principals and teachers, and the need for more extensive back-up in the form of support people and resources. *Comments included:* much of this is already contained in the principal's administrative handbook, but this does not necessarily mean it is implemented; even teachers are not fully aware of the special needs and what can be done for students; too much written material drowns the message; policy statements should embody the thoughts of those responsible for the programmes; such statements would be very general – the real test is the capacity of the school to meet the individual's needs.
ACCESS									
13	That all new school buildings are designed to recognized standards providing for full access and use of facilities by handicapped persons	89.6	10.4	0.0	28.4	49.3	20.9	1.5	Most (90%) agreed that this is very desirable, particularly if integration is to be pursued. A number (28%) pointed to existing achievement in the form of regulations, building codes or legal requirements which recognize the need. However, many (49%) thought it could take ten years to accomplish, as omissions and 'blues' still occur, suggesting a gap between provision and practice. Some (21%) saw it taking even longer on economic grounds and because standards need revision. *Comments included:* getting there as new schools are built; needs to occur, particularly in secondary schools; it is an observable need and therefore more easily met; although the building code calls for access, toilets, etc., the implementation is still chancy; architects, board staff

Table continued overleaf

Objective	Desirability			Likely Time Scale				Comments
	Very Desirable	Desirable	Undecided	Already achieved	In next decade	In long term	Probably never	
								and often principals are not yet informed concerning needs; modern schools are being built which require subsequent alteration for ramps, wheelchair and toilet access; sound must get to hearing aids without reverberation off hard surfaces, and modern electronics should be used to prevent distortion of sound.
14 That programmes for modifying existing school buildings to promote access and use by the handicapped are implemented	**76.1**	23.9	0.0	19.4	**46.3**	29.9	4.5	Modifying existing school buildings was recognized as a costly and difficult exercise, making this policy very desirable to a smaller proportion (76%) than the previous one. Many who favoured it emphasized that such modifications should be undertaken only in response to demonstrated need. In practice, that is what appeared to be happening: 19% claimed the policy was already achieved, with many instances of modifications; 46% saw achievement occurring on a slower scale, but within ten years; while another 30% considered progress was likely to be even slower and to require some setting of priorities. *Comments were*: finance is available for this purpose and many schools have been modified to meet emergent needs, very necessary in view of the increasing number of disabled people, car accidents, and integration; should be done as buildings are remodelled or as enrolments necessitated; generally it is a 'make-do' job trying to make an inadequate basic structure suitable; the need has too frequently been seen as 'ramps and toilets' rather than comprehensive opportunity; needs to be done for children with hidden handicaps as well as the obvious ones; the cost of this work precludes rapid progress.
15 That free transport is provided for handicapped children who have been unsuccessful in their efforts to use public transport	**83.6**	11.5	4.9	**65.6**	18.0	13.1	3.3	This provision was regarded as very desirable by 84% and as already available by 66%. *Arguments in favour*: it helps the educational process and relieves the costs to parents; without suitable transport many children would not attend special schools; otherwise a number of handicapped children would be forced to enrol with the Correspondence School. Some gave more qualified support, suggesting that the reason for use of free transport may need to be clarified, and that perhaps handicapped children are transported free to the detriment of their learning and integration. Although the

some respondents noted gaps in the service for some children, and in some geographical areas. One person said that the system still depends on the ability of parents to present and persist with a case rather than on need as of right.

STAFFING

16 That appropriate trained resource staff are available for the support of handicapped children attending regular schools	**91.9**	8.1	0.0	6.5	30.6	**61.3**	1.6	Respondents were in no doubt that the success of integration depended on the provision of adequate resource staff. 92% rated this item as very desirable and the remaining 8% considered it desirable. Hence this objective was one of the top three in terms of desirability. Most (61%) thought achievement was a long way off because of the cost involved. *Comments included:* many more children could be adequately maintained in the mainstream if such resource staff were available; placement in an ordinary secondary school is more likely to break down if resource staff are not provided; regular class teachers need assistance when disabled children attend neighbourhood schools – otherwise all kids suffer; it may include improving the skills of parents in dealing with their handicapped youngsters; this is limited by resources – people and finance. One respondent questioned whether 'available' implied working on the staff or as itinerant.
17 That schools have access to trained specialist personnel for children with learning or behavioural difficulties	**90.3**	9.7	0.0	**40.3**	30.6	27.4	1.7	Again, a strong measure of support, with 90% viewing it as very desirable. Some 40% thought such access was already achieved, at least partly, through the Psychological Service and other services. Others (58%), noting the gaps that existed in rural areas and for some handicaps, predicted a more gradual rate of achievement. Some said it depended on what was meant by access and what was considered adequate access. Availability of trained staff was the main barrier restricting implementation, though the reluctance of some teachers to seek help was also an obstacle. *Other comments:* not accessible enough, but in some areas the support is excellent; this provision is most important as moves toward integration become established; more involvement of psychologists in regular classroom programmes is necessary; some teachers are reluctant to ask for help because they see it as a personal failure; schools have access, but too often psychologists are understaffed and help is a long time in coming; delays often negate the value.

BEST COPY AVAILABLE

Objective	Desirability			Likely Time Scale				Comments
	Very Desirable	Desirable	Undecided	Already achieved	In next decade	In long term	Probably never	
18 That all designated special education staff hold recognized teaching qualifications (minimum equivalent 3 years) and additional specialist training (minimum equivalent one year)	77.2	19.3	3.5	5.3	24.6	63.2	7.0	Support for this policy was less marked than it was for other staffing objectives, with 77% regarding such qualifications as very desirable. Most (63%) agreed that it would take a long time to achieve without a stepping-up of training opportunities. While they saw qualifications for all as a desirable long-term goal, some respondents were also concerned to safeguard the positions of capable teachers who are uncertificated at present. Others felt qualifications should be held by some special education staff, but not necessarily all. *Comments included*: this objective should be pursued with some vigour; we badly need deaf role-models for our deaf children — at present this requirement is used to shut them out; there are now two special education one-year training courses, but it will take time to achieve this; some of the best teachers involved have less theory, but are excellent practitioners. One respondent thought the policy should include those working in SLH preschools, and another thought it should not apply to ancillary staff.
19 That adequate in-service programmes for teachers and other personnel are available to enable them to improve their services to children with special needs	90.0	10.0	0.0	8.3	41.7	36.7	13.3	Adequate in-service programmes were seen as desirable by everyone, and as very desirable by 90%. These programmes were considered essential for keeping teachers informed on developments in special education, and some concern was expressed about recent reductions in the number of in-service courses. Opinions were evenly divided on the time necessary to implement the policy: 50% expected it would take up to ten years, but the other 50% anticipated longer because of economic constraints. *Comments were*: some areas are well provided for but much more needs to be done; the present lack of in-service training for those in special schools hampers the implementation of new ideas; this is a more cost-efficient way of improving special education services in the short term and with limited resources; provided the programmes are run by the teachers; in-service training should be open to all working in the area of special education, including residential staff and social workers, with the current negative attitude of the Government to in-service training this essential objective

PARENTS

20 That parents have right of access to all written assessments and evaluations of their handicapped children	**64.4**	25.4	10.2	30.5	**42.4**	13.6	13.6	Although well supported, this goal seemed to be slightly controversial, with fewer (64%) rating it as very desirable and more (10%) considering it unnecessary. Yet time estimates for achievement were optimistic: 30% believed this right of access was already available, and 42% predicted it would be within ten years. Those strongly in favour placed value on accepting parents as partners in an open relationship for the benefit of the handicapped child's education. Others were reluctant to sanction complete access to written records, or they emphasized the need to accompany this with explanation and discussion. *Reasons against were*: many parents may not be able to cope with complete access to written assessments; if *all* documentation is open, it will be so bland and non-committal as to be useless; people making assessments should have some privacy of their judgements; professionally written statements can be misunderstood or misconstrued by parents and others who do not fully understand the professional jargon. Some respondents commented that implementing the policy would depend on professionals overcoming their distrust of parents and acquiring more skill in working with them, in justifying assessments and decisions, for example.
21 That parents of handicapped children participate in decisions relating to placement and programme development for them	**93.8**	6.3	0.0	26.6	**54.7**	17.2	1.6	Parental participation in decision making gained the strongest support of all the policy objectives, with 94% rating it as very desirable and 6%, as desirable. Some (27%) said it was already happening, but over half (55%) thought achievement would take another ten years. Respondents noted the progress being made in this area as professionals gain confidence, though less had been achieved in practice in involving parents in decisions about programme development. *Comments included*: there is a tendency for parents to leave the decisions to the experts; this trend is departmental policy and is gaining momentum; parents should be allowed to evaluate all options available for the education of the child; in many aspects the parents are the 'experts' and fully know and understand their child, providing that the professional has a fair share of the say. One respondent stated that this policy is essential in mainstream education also.

Objective	Desirability			Likely Time Scale				Comments
	Very Desirable	Desirable	Unnecessary	Already achieved	In next decade	In long term	Probably never	
22 That parents of handicapped children are encouraged to become involved in the administration of services for the handicapped.	**73.4**	21.9	4.7	**40.6**	29.7	23.4	6.3	Support for this statement was less emphatic than the previous one, but 73% regarded it as very desirable. A significant proportion (41%) considered it was already implemented on the evidence of parental involvement through school committees, PTAs and voluntary organizations. Others noted reluctance on the part of parents to become involved in administration, or that opposition to their involvement, which meant full implementation could take ten years (30%) or even longer (23%). *Comments were:* many more could take part; with more administrative staff parents are often only needed for fundraising; gives them a better understanding of the services and may help eliminate feelings of inadequacy; develops a realistic outlook on what is possible for individual children; a difficult and probably inappropriate role for parents; parental involvement should not be a substitute for state involvement; parents should be encouraged, not obliged.
23 That comprehensive counselling services are available to parents of a handicapped child from the time of diagnosis of the handicap.	**92.3**	7.7	0.0	20.0	**50.8**	24.6	4.6	Counselling services for parents were given the highest desirability rating by 92%, making this objective the second most popular one overall. Many respondents wrote full comments strongly endorsing the importance of good quality counselling for parents and the need to give this priority. Just over half (51%) were hopeful that comprehensive provision would be available within ten years; 20% considered such services were already available, through the Psychological Service for example; 25% did not expect there to be adequate provision for a long time, and 5% thought the resources available would probably never match the requirement. *Comments were:* our educational psychologists do this very successfully; in most areas the service is inadequate; it is available if parents seek it, but most parents need to have it offered; a 'named person' should be available from the time of diagnosis, as recommended in the Warnock Report; this area needs real skill and empathy; what parents need is active guidance, positive suggestions and moral support – *often*; more people are needed in many disciplines to achieve this.

Table A2

Desirability and Likely Time Scale for Each Group of Policy Objectives: Averaged Percentage Responses

Group	Very desirable	Desirable	Unnecessary	Already achieved	In next decade	In long term	Probably never
Education	81.2	16.9	1.8	15.7	40.0	35.4	8.9
Research and Evaluation	76.5	23.1	0.4	5.7	34.4	47.4	12.6
Publicity	75.8	22.2	2.1	3.1	50.5	35.6	10.8
Access	83.1	15.4	1.5	36.9	38.5	21.5	3.1
Staffing	87.6	11.6	0.8	15.4	32.0	46.9	5.8
Parents	81.3	15.1	3.6	29.4	44.4	19.8	6.3

Appendix 2

LETTER TO PARTICIPANTS AND QUESTIONNAIRE

Dear

It is with pleasure that I am writing to seek your cooperation with a Survey on Special Education in New Zealand. My Council has recently accepted a grant from the NZ Telethon Trust to prepare a review of policies and issues in the administration of special education in the country, and has invited Dr John Elkins, of the Fred and Eleanor Schonell Educational Research Centre at the University of Queensland, Brisbane, to come to New Zealand to prepare a monograph on this topic.

Dr Elkins is quite well known to people in special education in New Zealand from previous visits, and has been a member of a three-man team which recently completed a two-volume report on the same topic in Australia for the Schools Commission. He has visited New Zealand in October 1981 and February 1982 for a series of interviews and discussions on the present project, and would now like to round off the information he has gathered with a brief questionnaire to gather a broader range of opinion from a sample of individuals who are well-informed about the strengths and needs of services for special education in this country.

All replies to the questionnaire will be kept confidential and we trust you will feel free to offer your frank opinion on the matters raised in the questionnaire. We look forward to your assistance, and would appreciate it if the questionnaire were returned by August 23, if that is convenient for you. A stamped, addressed return envelope is enclosed.

Yours sincerely

John E. Watson
Director
NZCER

APPENDICES

A QUESTIONNAIRE

SPECIAL EDUCATION IN NEW ZEALAND

Shaping Policies For The Future

I have been invited by the New Zealand Council for Educational Research to prepare a brief monograph on the main issues of policy and organization that may affect the development of Special Education in New Zealand in the next decade or so.

To assist with this task I would like to assemble the views of a sample of individuals who are well-informed about the strengths and needs of these services. Your name has been mentioned to be by the Advisory Committee for the project, and I would be grateful if you would help by completing this questionnaire for me.

The questionnaire is in three parts. Part One invites you to outline in your own words what you consider to be the strengths, points of growth and trends in the provision of Special Education in New Zealand. Part Two asks you to respond to 23 statements which are commonly advanced as a basis for good policies. Part Three provides an opportunity for you to offer observations on a particular aspect of Special Education for which you have a concern.

As you will note, the term Special Education has been interpreted very broadly. It may operate at all ages, from infancy to adulthood, it may be provided through government departments, voluntary organizations or community programmes, or in regular or special schools. I trust ample scope has been provided for you to qualify any observations you make on the basis of your experience but that you will also feel free to set your own limits on the field, as you see it.

John Elkins
Reader in Special Education
University of Queensland

PART ONE

STRENGTHS, GROWING POINTS AND TRENDS

1. Please identify what you consider are the major strengths of Special Education in New Zealand, giving reasons for your choices wherever possible.

[Full sheet of paper]

Please append extra pages if you need more space.

2. Please identify what you consider to be the major growing points or ways of improving Special Education in New Zealand, giving reasons for your choices wherever possible.

[Full sheet of paper]

Please append extra pages if you need more space.

TRENDS

If you are familiar with New Zealand programmes and policies in Special Education over the past decade, would you please outline what you believe to have been the major trends during this period. In your judgement, are these trends likely to continue? Why?

[Full sheet of paper]

Please append extra pages if you need more space.

PART TWO

DESIRABLE POLICY DIRECTIONS

In the professional literature, and in documents formulating national or institutional policies for Special Education, a considerable consensus exists about key dimensions in sound policies. This does not mean that all such objectives are desirable in all countries, or that they are all feasible immediately. Some may remain policy aspirations; in others, considerable progress has been made in recent decades.

The procedure below is designed to gauge the degree of support for some of these objectives from a cross-section of New Zealanders who are informed about Special Education. It offers a quick and economical way of sampling viewpoints, and supplements a necessarily brief series of interviews and consultations.

For those items for which you have sufficient knowledge or experience, would you please offer a judgement on:

(a) when such a policy objective is likely to be achieved (if at all)

(b) the desirability of the objective, *in your view.*

Please comment, where necessary, on such issues as the comprehensiveness of implementation, problems foreseen, etc.

If you feel unable to respond to a particular statement, tick the 'No opinion' box at the right.

A sample answer (fictitious) is given below.

SAMPLE

POLICY OBJECTIVE	LIKELY TIME SCALE				DESIRABILITY			QUALIFYING COMMENT	
	Already achieved	In next decade	In long term	Probably never	Very desirable	Desirable	Unnecessary		No Opinion
That most adults with mild to moderate handicaps will live in small group homes in the community.	[ ]	[ ]	[▸]	[ ]	[▸]	[ ]	[ ]	This practice is both best for the clients and cost effective; but it will take 20 years to dismantle psychopaedic hospitals.	[ ]

POLICY OBJECTIVE	LIKELY TIME SCALE				DESIRABILITY				QUALIFYING COMMENT
EDUCATION									
1 That legislation affirms the right of all handicapped children to a core educational programme from the age of identification to eighteen years.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]	No Opinion [ ]	
2 That further education beyond the years of compulsory school attendance is provided for handicapped students, on both a full-time and part-time basis.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]	No Opinion [ ]	
3 That appropriate education or training programmes are provided for all handicapped children in long-term residential care.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]	No Opinion [ ]	
4 That curricula for handicapped students provide for their full development as persons (including their social and sexual development, leisure interests, and community living).	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]	No Opinion [ ]	

Continued overleaf

	POLICY OBJECTIVE	LIKELY TIME SCALE				DESIRABILITY			QUALIFYING COMMENT	
5	That all services for the handicapped create environments and expectations which regard them as normal people, with the rights and responsibilities of other citizens.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]		No Opinion [ ]
RESEARCH AND EVALUATION										
6	That a systematic monitoring process ensures that Special Education policies and programmes are subject to regular evaluation.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]		No Opinion [ ]
7	That those Special Education services provided by authorities other than the Department of Education are subject to some form of national accreditation.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]		No Opinion [ ]
8	That adequate resources are provided for the research and development required to up-grade and revise curricula for handicapped children.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]		No Opinion [ ]
9	That adequate provisions are made for research programmes relating to the needs of the handicapped.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]		No Opinion [ ]

PUBLICITY

10	That the general public is fully aware that all handicapped students need to be identified and provided for, throughout the country and among all ethnic groups.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]	No Opinion [ ]
11	That all schools have written policy statements on the education of children with special needs, which are regularly distributed to parents, staff and students.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]	No Opinion [ ]
12	That all school pupils learn about handicapping conditions and the prevention of disability as a normal part of their school experience.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]	No Opinion [ ]

ACCESS

13	That all new school buildings are designed to recognized standards providing for full access and use of facilities by handicapped persons.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]	No Opinion [ ]
14	That programmes for modifying existing school buildings to promote access and use by the handicapped are implemented.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]	No Opinion [ ]

Continued overleaf

	POLICY OBJECTIVE	LIKELY TIME SCALE				DESIRABILITY			QUALIFYING COMMENT	
15	That free transport is provided for handicapped children who have been unsuccessful in their efforts to use public transport	Already achieved | |	In next decade | |	In long term | |	Probably never | |	Very desirable | |	Desirable | |	Unnecessary | |		No Opinion | |
	STAFFING									
16	That appropriate trained resource staff are available for the support of handicapped children attending regular schools	Already achieved | |	In next decade | |	In long term | |	Probably never | |	Very desirable | |	Desirable | |	Unnecessary | |		No Opinion | |
17	That schools have access to trained specialist personnel for children with learning or behavioural difficulties	Already achieved | |	In next decade | |	In long term | |	Probably never | |	Very desirable | |	Desirable | |	Unnecessary | |		No Opinion | |
18	That all designated Special Education staff hold recognized teaching qualifications (minimum equivalent 3 years) and additional specialist training (minimum equivalent one year)	Already achieved | |	In next decade | |	In long term | |	Probably never | |	Very desirable | |	Desirable | |	Unnecessary | |		No Opinion | |
19	That adequate in-service programmes for teachers and other personnel are available to enable them to improve their services to children with special needs	Already achieved | |	In next decade | |	In long term | |	Probably never | |	Very desirable | |	Desirable | |	Unnecessary | |		No Opinion | |

PARENTS

20	That parents have right of access to all written assessments and evaluations of their handicapped children.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]	No Opinion [ ]
21	That parents of handicapped children participate in decisions relating to placement and programme development for them.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]	No Opinion [ ]
22	That parents of handicapped children are encouraged to become involved in the administration of services for the handicapped.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]	No Opinion [ ]
23	That comprehensive counselling services are available to parents of a handicapped child from the time of diagnosis of the handicap.	Already achieved [ ]	In next decade [ ]	In long term [ ]	Probably never [ ]	Very desirable [ ]	Desirable [ ]	Unnecessary [ ]	No Opinion [ ]

PART THREE

SPECIAL INTERESTS

There may be some important aspect of Special Education in New Zealand not mentioned in Parts 1 and 2 to which you have had a special commitment, or within which you have gained extensive experience. This survey will be improved if you will take this opportunity to comment freely on any such topic or viewpoint.

[Half sheet of paper]

Appendix 3

LIST OF PARTICIPANTS

Department of Education, Head Office
- A. Q. Bruce
- D. F. Walsh
- K. A. Milne
- M. E. Roberts

District Senior Inspectors
- F. Baird
- L. F. Palmer
- C. E. Hardie
- D. E. Robinson
- E. Robinson

Inspectors Supervising Special Education
- R. Wilson
- J. Havill
- B. Smith
- B. G. Nelson

District Psychologists
- R. Kirby
- W. Armstrong
- M. Nightingale

Other Psychologists
- E. Jones

Visual Education
- F. Rogerson
- E. McGuigan
- R. Somogyvary

Education of the Deaf
- S. Bartlett
- C. Hardy
- P. Strong
- G. Freeman

Speech Therapists
- A. Ace
- S. Smith
- C. Justin
- B. James
- K. Arlidge
- J. Taylor
- E. Kennedy

Physically Handicapped
- A. D. Huston
- I. Granger
- A. Reeves
- L. Lamason

Visiting Teachers
- I. McDougall
- H. C. Judge
- W. Murdoch

Maladjusted
- I. Keown
- M. Ellery
- B. De Veer

Society for the Intellectually Handicapped
- A. Capie
- G. Bridgeman

Backward
- B. Gibbs
- P. Aspden
- D. Bradshaw
- D. Lees
- M. Mardon
- S. Gasparich

Special Schools (IH)
- A. Stewart
- I. Burton
- R. Williamson

Assessment Class
- H. Bernstone

Teachers Colleges
- M. Parsons
- I. Mann

Universities
- D. Mitchell
- D. Galloway
- K. Wilton
- D. Barney

Health Department
- H. Ishmail

Social Welfare
- E. Gallen

Crippled Children Society
- R. Kerse

Federation for Deaf Children
- M. Gunn

Guidance Counsellors
- A. Munro

Parents
- M. Cooper
- R. Archer
- D. A. Walker
- H. Reid
- I. Hope
- K. Morley

Students
- S. George
- I. Rutherford

Appendix 4

PROPOSAL FOR A NATIONAL ADVISORY COMMITTEE ON SPECIAL EDUCATION

That the Minister of Education should take immediate steps to establish a National Advisory Committee on Special Education. If the Minister is not empowered to do so under the existing Education Act, then the Act should be amended accordingly.

1. The Committee shall be a Standing Committee and shall be charged with reporting regularly and directly to the Minister of Education, after consultation with the Director-General of Education.

2. The Committee shall have the following responsibilities:
   (a) recommending any legislative changes regarding the educational provisions that, in its opinion, should be made for exceptional children [or 'handicapped children', as in the present Act, or 'disabled children', as recommended by others];
   (b) recommending any changes in the manner in which existing legislation regarding educational provisions for exceptional children is being implemented;
   (c) advising on the broad areas in which research should be conducted in order to establish a sound basis for policy decisions in special education;
   (d) making any recommendations regarding the health and welfare of exceptional children which arise from consideration of (a) – (c) above, such recommendations to be passed on to the relevant Ministers or to other bodies by the Minister of Education.

3. Any interested organization or person shall have the right to make submissions to the Committee and to being heard if they so wish.

4. The membership of the Committee shall comprise seven or more persons who, because of their professional or other qualifications or experience, are in the opinion of the Minister qualified to discharge the responsibilities outlined above, provided that:
   (a) at least one member shall be involved in teacher education courses in the field of special education;
   (b) at least one shall be a practising teacher or adviser in the field of special education or a practising speech therapist;
   (c) at least one member shall be a practising psychologist who is a member of the New Zealand Psychological Society;
   (d) at least one member shall be actively involved in research into exceptional children;
   (e) at least one member shall be from a voluntary body involved with exceptional children;
   (f) at least one member shall be a parent of an exceptional child.

5. The operating expenses of the Committee shall be paid out of the Education Vote.

6. The Committee shall have access to such information held by the Department of Education that is of relevance to the discharge of its responsibilities.

7. Subject to the direction of the Minister, the procedures of the Committee shall be determined by the Committee.

Index

Access, 9, 51, 105, 106
Advanced Studies for Teachers Units, 62
Advisers, 39, 41, 56
Advisory Committee members, ix, 6
Aftercare, 52, 76
Ancillary help, 22, 33, 40, 41
Assessment, xiii-xiv, 14, 43, 51, 68, 88, 95-6
  centres, 71, 98
  classes, 11, 19, 39, 41, 50, 72, 88, 121
  for specific handicaps, 53, 71-2
  multidisciplinary, xiv, 43, 71, 88, 96
Attitudes, 2, 14, 25-8, 33, 46
  areas of concern, 26-8, 34
  commitment and acceptance, 25-6, 33
  community awareness, 26, 34, 104, 105
Australia, provision in, 7n

Backward, 11, 29, 34, 46, 52, 59, 121
Behaviour modification, see Teaching methods
Bliss symbols, 51, 75

Categorization by handicap, xiv, 33
Christchurch Polytechnic, 48, 59, 78, 89
Class size, 44, 51, 52
Clay, Marie, 2, 69
Coordination, 3, 7, 14, 58, 85-6, 89-90
Correspondence School, 37, 45
Council for Exceptional Children, 85, 86
Crippled Children Society, 11, 29, 69, 121
Curriculum, 14, 72-5
  needs, 73, 88
  policy, 73, 101
  research, 89, 103
Currie Commission, 3

DARBAS, 73
Deaf, see Hearing impaired
Delinquent, 50
Department of Education, 4, 11, 43, 47, 53, 86, 120

Early intervention, xi, xiii-xiv, 7, 39, 68-70, 88
  programmes, xiv, 68-9
  support for parents and children, 54, 69-70, 88
Education Act, 1964, 84, 84n
Educationally retarded, 45, 50-1
Emotionally/socially handicapped, 27, 34, 37, 41, 49
Evaluation, 14, 43, 58, 81, 102

FAST, 73
Federation for Deaf Children, 11, 121
Foundation for the Blind, 11
Funding, 14, 26, 47, 53, 86-7, 90, 92
Further education, 37, 50, 52, 77-8, 88-9, 97, 100

Gifted, 45, 53
Growing points, xi, 3, 9, 14, 16, 17, 35, 37, 40, 44, 60, 67, 68, 72, 73, 74, 76, 78, 89, 95
Guidance counsellors, 11, 39, 56, 121

Handicapped persons
  involvement, 32-3, 34, 97
  register of, 86, 90
  rights to education, 1, 6, 22, 28, 33, 59, 96, 100
  sexual development, 74, 88
Health Department, 7, 11, 43, 47, 53, 121

Hearing impaired, 11, 18, 23-4, 38, 45, 46, 47-8, 49, 56, 59, 120
  further education, 78, 89
Homai College, 45, 53, 78

IHC, see Society for the Intellectually Handicapped
Inspectors supervising special education, 11, 28, 58, 64, 81, 120
Integration, xi, xii, 3, 7, 17-25, 33, 52, 94
  advantages, 18-19
  as continuing policy, 21, 24
  cost, 22, 23, 24
  educational level for, xiii
  evaluation of, 3, 25, 33
  meaning of, xii, 18-19
  of deaf, 23-4, 33
  of intellectually handicapped, 22-3, 33, 46
  of mildly mentally handicapped, 24, 33
  of physically handicapped, 22
  of visually impaired, 53
  problems and concerns, xiii, 19-20, 33, 95
  staffing for, 21, 22, 33, 40-1, 59, 107
  support and resources for, xi, xiii, 19, 20-2, 23, 24, 40, 54, 58-9, 95
  teacher education for, xiv, 63
  types of, xii-xiii, 17, 18
Intellectually handicapped, 22-3, 37, 45, 46-7, 59, 64, 83-4, 97
International Year of Disabled Persons, 6, 26
International Year of the Child, ix, 5-6, 26, 27
  IYC Telethon Trust, ix, 6
Issues in NZ special education, xi, 15
  assessment and intervention, xiii-xiv, 68, 71-2, 88, 95-6, 98
  coordination, 85-6, 89-90
  curriculum and teaching methods, 74-5, 88, 95
  early intervention, see Early intervention
  evaluation and innovation, 81, 102
  funding, 86-7, 90, 92
  improving quality, 3
  integration, see Integration
  legislation, 83-5, 89, 100
  parent education, 75-80, 89, 96
  parent involvement, see Parent involvement
  research, 82-3, 89, 96, 102, 103
  support needs for integration, see Integration
  training, see Training
  transition, 76-8, 88-9, 97, 100

Kelston School for the Deaf, 23

Language disordered, 45, 50
Legislation, 2, 14, 83-5, 89, 100
  right to education, 84, 89, 96, 100
  severely handicapped, 84, 89, 97, 100

McKenzie Centre, 98
Mainstreaming, see Integration
Makaton, 47
Maladjusted, 11, 37, 46, 48-50, 59, 96, 107, 121
Maori/Pacific Island, 37, 50, 73, 97
Mildly mentally handicapped, 19, 24
Multiple handicaps, children with, 53-4, 42

National Advisory Committee on Special Education, 36, 58, 122
New Zealand Educational Institute, 3
Normalization, 2, 25, 28, 92, 93-4, 102

Overview, xi

Parent education and support, 14, 30, 69-70, 78-80, 89, 96, 110

Parent involvement, xi, xii, xv, 9, 29-32, 34, 43, 70, 95, 109, 110
and access to records, 109
in administration, 32, 34, 110
in assessment, xiv, 71
in decisions, xii, 30-1, 34, 96, 109
in teaching and curriculum planning, xii, 31-2, 96
Physically handicapped, 11, 20, 22, 40, 51-2, 121
Planning priorities, 95-8
early assessment and intervention, 95, 96
parent involvement, 95, 96
support for integration, 95
training, 95, 96, 108
Policy, 14, 43
adoption of, 93
considerations for planning, 95-8
desirable directions, xi, 3, 9, 34, 100-11
for provision, 2, 5
predictions of, 3
Precision teaching, see Teaching methods
Pressure groups, 52, 59
Psychological Service, 54, 55, 59, 74, 75, 81, 89, 107
Psychologists, 11, 42, 55, 59, 107, 120
Publicity, 9, 27, 104

Questions for discussion, xi-xv
Questionnaire, 112-19

Reading problems, children with, 51
Reading Recovery programme, 2, 51
Reading resource teachers, 2, 41, 57, 59
Research in special education, 9, 14, 47, 82-3, 89, 103
Research study, xi, 5-15
advisory committee, ix, 6, 7, 8, 11
background, 5-6
data analysis, 12-13
design, 3, 5, 6-7, 15
limitations, 4, 8, 10, 15
objectives, 3, 5, 15
overview, xi
participants, 120-1
progress, 8, 12
questionnaire survey, xi, 8-15
report, 4, 13
response, 12, 15
sample, xi, 3, 10-11, 12, 15
Residential care, 7, 38, 45, 59, 101
Rights, 93, 95
see also Handicapped persons

Services, xi, 1, 14
accreditation of, 44, 81-2, 89, 103
development and administration of, 1, 2, 35-6, 43, 55, 58
extension of, 37, 52, 54, 56, 88
for early childhood, 39, 41, 47
guidance and support, 14, 52, 54-8, 59, 81, 89, 107, 110
location and coverage, 38-9, 58
quality of, 2, 3, 14, 42-5, 58, 59, 96
range of, 36-8, 58
resources for, 39-40, 58
staffing for, 9, 40, 46, 48, 50, 51, 54, 58, 61, 65-6, 96, 107, 108
structure and provision, 14, 35-42
Severely handicapped, 83-4, 97
Social Welfare, Department of, 11, 43, 50, 53, 121
Society for the Intellectually Handicapped, 11, 23, 29, 30, 46-7, 69, 73, 81, 89, 121
Special education, 1, 2, 3, 5
versus ordinary, 17
Special Education Association, 85
Special education in New Zealand, 16-34
constituency, 3, 14, 28-33, 34
non-categorization in, xiv, 16, 42, 70
philosophical characteristics, 14, 16-25, 33

special interests in, xi, 9, 14, 60, 83
Special schools, 7, 11, 23, 36, 41, 46, 121
Specific learning difficulties, 37, 51, 59, 72, 82, 107
Speech therapists/therapy, 11, 38, 39, 41, 46, 57-8, 59, 64, 64n, 83, 120
SPELD, 11
Strengths, xi, 3, 9, 14, 16, 17, 29, 35, 36, 42, 54, 60, 65, 66, 69, 71, 81, 87

Teacher education, xi, xiv-xv, 7, 14, 21, 39, 49, 60-7, 108
continuing and in-service, xiv, 55, 62, 96, 108
for specialist teachers, 60-1, 65, 96
needs, xv, 51, 53, 62-5
pre-service, xiv, 61, 96
programmes, 65
Teachers
career structure, 41, 65-6
conditions of service, 41-2, 66
quality of, 43, 44-5
Teachers colleges, 11, 60-1, 121
Teaching methods, 14, 46, 74
behaviour modification, 74-5, 95
other, 75
precision teaching, 3, 64, 68, 72, 74, 88, 95
Total communication, 47, 47n, 50
Trends, 3, 14, 16, 23, 29, 39, 55, 56, 60, 69, 70, 76, 78, 86, 88, 92, 93
Training, xi, xiv-xv, 20, 28, 55, 57, 61n, 64, 95
see also Teacher education
Transition, 14, 37, 45, 76-8, 88-9, 97
and social independence, 73, 77, 88
school to work, 76-7, 88, 97
to community living, 78
to further education, 52, 77-8, 88-9, 97, 100
Transport, 106

Universities, 11, 121

Van Asch College, 23, 24, 48, 59, 78
Visiting teachers, 11, 41, 49, 55, 121
Visually impaired, 11, 18, 52-3, 59, 63n, 78, 120
Voluntary organizations, 6-7, 29, 34, 39
Crippled Children Society, 11, 29, 121
Federation for Deaf Children, 11, 121
Foundation for the Blind, 11
Society for the Intellectually Handicapped, 11, 23, 29, 46-7, 121
SPELD, 11

Weaknesses, see Growing points
Work experience, 45, 76

BEST COPY AVAILABLE

SPECIAL EDUCATION
IN NEW ZEALAND

In 1982, a group of 72 informed people were asked to select the most desirable policy objectives for educating handicapped children in New Zealand, and to predict how long it would take to achieve them. They also gave their views on significant trends, strengths and weaknesses in special education. The results of the survey, summarized in this book, highlight many issues which are still being debated today. For example, the support necessary for successful integration or mainstreaming of children with special needs receives extensive mention. Other topics which emerge as central to the future of special educational services are professional training, early assessment and intervention, and the involvement of parents.

This forward looking study, which was made possible by a grant from the International Year of the Child Telethon Trust, presents thoughtful opinion at a time when discussion on special education is especially lively. Parents, teachers, principals, administrators and others interested in the care and education of children with special needs will find it a useful stimulus for their own thinking about the issues. Discussion questions on four key topics are included to assist those who are involved in training teachers and other professional workers.

The authors

Fay and **John Panckhurst** are researchers and educators with experience at all levels of education in New Zealand. They have also worked in research in England and Australia, including a period with John Elkins at the Fred and Eleanor Schonell Educational Research Centre, University of Queensland. Currently they are partners in a psychological and research consultancy.

Professor **John Elkins** is Director of the Schonell Educational Research Centre which specializes in teaching and research on special education. He was invited to undertake the New Zealand study as a result of his involvement in major surveys of special education in Australia.